

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005556

**Entity Name:** JAMESTOWN SQUARE AT LAKERIDGE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC1405080777**

**Current Principal Place of Business:**

1127 N. VICTORIA PARK RD.  
FT LAUDERDALE, FL 33304

**Current Mailing Address:**

PO BOX 4556  
FT LAUDERDALE, FL 33338 US

**FEI Number: 56-2569766**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KOPF, ZACHARY  
1139 N. VICTORIA PARK ROAD  
FORT LAUDERDALE, FL 33304 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            KOPF, ZACHARY  
Address        1139 N. VICTORIA PARK ROAD  
City-State-Zip: FT LAUDERDALE FL 33304

Title            VP  
Name            NORSOPH, DAVID  
Address        1752 NE 12 STREET  
City-State-Zip: FORT LAUDERDLAE FL 33304

Title            SEC  
Name            HEYLIGER, STEPHAN  
Address        1125 N VICTORIA PARK RD  
City-State-Zip: FORT LAUDERDLAE FL 33304

Title            TRES  
Name            BRADLEY, ERICA  
Address        1137 N VICTORIA PARK RD  
City-State-Zip: FORT LAUDERDALE FL 33304

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ZACHARY KOPF

PRESIDENT

01/14/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date