

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007899

**Entity Name:** THE PRESERVE AT LAKE WASHINGTON SUBDIVISION  
HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 03, 2019**  
**Secretary of State**  
**9308461627CC**

**Current Principal Place of Business:**

476 US A1A SUITE 4A  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

P.O. BOX 100130  
PALM BAY, FL 32910 US

**FEI Number: 30-0282341**

**Certificate of Status Desired: No**

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

BAYSIDE MANAGEMENT SERVICES  
476 US A1A SUITE 4A  
SATELLITE BEACH, FL 32937 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: SARA LAPOINTE**

**03/03/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name KYRIAKIDES, CHRIS  
Address 2225 CANOPY DR  
City-State-Zip: MELBOURNE FL 32935

Title P  
Name MOCHWART, BRUCE  
Address 2275 CANOPY  
City-State-Zip: MELBOURNE FL 32901

Title TREASURER  
Name LONG, JOHN  
Address 2005 CANOPY  
City-State-Zip: MELBOURNE FL 32935

Title SECRETARY  
Name SPILLER, ELAINE  
Address 2240 CANOPY  
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR  
Name RUIZ, REBECCA  
Address 2275 CANOPY DR  
City-State-Zip: MELBOURNE FL 32935

*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: BRUCE MOCHWART**

**PRESIDENT**

**03/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date