

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08717

**FILED**  
**Jan 06, 2021**  
**Secretary of State**  
**6360339158CC**

**Entity Name:** THE LAKES OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4088 TIMBER TRAIL CT  
MELBOURNE, FL 32904-9148

**Current Mailing Address:**

4088 TIMBER TRAIL CT  
MELBOURNE, FL 32904-9148

**FEI Number: 59-2401972**

**Certificate of Status Desired: No**

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

PATRICK F HEALY, ESQ  
GRAY ROBINSON P.A.  
1795 WEST NASA BLVD.  
MELBOURNE, FL 32901 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            PRESIDENT  
Name            CHRISTAKOS, KATHY  
Address        3822 SEAGATE DR.  
City-State-Zip: MELBOURNE FL 32904

Title            SECRETARY  
Name            MILLER, GEORGIA  
Address        2420 BOCA WAY PLACE  
City-State-Zip: MELBOURNE FL 32904

Title            TREASURER  
Name            DENONCOURT, WILLIAM R  
Address        2454 LAKES OF MELBOURNE DR  
City-State-Zip: MELBOURNE FL 32904

Title            DIRECTOR  
Name            HENDRIX, SUSAN  
Address        2411 LAKES OF MELBOURNE DRIVE  
City-State-Zip: MELBOURNE FL 32904

Title            VP  
Name            RAGAN, JOHN J  
Address        2045 ROYAL DR.  
City-State-Zip: MELBOURNE FL 32904

Title            DIRECTOR  
Name            DIER, KIM  
Address        3881 SEAGATE DR.  
City-State-Zip: MELBOURNE FL 32904

Title            SOCIAL ACTIVITIES DIRECTOR  
Name            BARBARA, COZZENS  
Address        3984 BAYPORT CT.  
City-State-Zip: MELBOURNE FL 32904

*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: WILLIAM R DENONCOURT**

**TREASURER**

**01/06/2021**

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

\_\_\_\_\_  
Date