## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N1100000267

Entity Name: LAKOYA AT LELY RESORT NEIGHBORHOOD ASSOCIATION, INC.

#### Current Principal Place of Business:

C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, SUITE 260 CLEARWATER, FL 33762

# **Current Mailing Address:**

C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, SUITE 260 CLEARWATER, FL 33762 US

## FEI Number: 45-1541224

## Name and Address of Current Registered Agent:

ADAMCZYK, MARK E. ESQ. 9130 GALLERIA COURT, SUITE 201 NAPLES, FL 34109 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:	MARK E. ADAMCZYK ESQ.		03/21/2023
	Electronic Signature of Registered Agent		Date
Officer/Direc	ctor Detail :		
Title	PRESIDENT	Title	VP
Name	PRIESTLEY, ROBERT	Name	SZAFIR, CHARLES
Address	C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, SUITE 260	Address	C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, SUITE 260
City-State-Zip:	CLEARWATER FL 33762	City-State-Zip:	CLEARWATER FL 33762
Title	TREASURER	Title	SECRETARY
Name	SEYBOLD, HENRY	Name	ASSINI, RICHARD
Address	C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, SUITE 260	Address	C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, SUITE 260
City-State-Zip:	CLEARWATER FL 33762	City-State-Zip:	CLEARWATER FL 33762
Title	DIRECTOR	Title	DIRECTOR
Name	WENNINGER, JAMES	Name	HILL, LEE
Address	C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, SUITE 260	Address	C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, SUITE 260
City-State-Zip:	CLEARWATER FL 33762	City-State-Zip:	CLEARWATER FL 33762
Title	DIRECTOR		
Name	BORRIELLO, ROBIN		
Address	C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, SUITE 260		
City-State-Zip:	CLEARWATER FL 33762		

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: ROBERT PRIESTLEY PRESIDENT 03/21/2023 Electronic Signature of Signing Officer/Director Detail Date

FILED Mar 21, 2023 Secretary of State 4059808245CC

Certificate of Status Desired: No