2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002476

Entity Name: WEST ORANGE COUNTY LACROSSE CLUB, INC.

FILED Feb 06, 2021 Secretary of State 6810341094CC

Current Principal Place of Business:

13506 SUMMERPORT VILLAGE PARKWAY #136

WINDERMERE, FL 34786

Current Mailing Address:

13506 SUMMERPORT VILLAGE PARKWAY #136 WINDERMERE, FL 34786

FEI Number: 45-0791815 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASADEMONT, THOMAS 13506 SUMMERPORT VILLAGE PARKWAY #136 WINDERMERE, FL 34786 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: THOMAS CASADEMONT 02/06/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PD Title TD

Name CASADEMONT, THOMAS Name ODIER, THIERRY

Address 13506 SUMMERPORT VILLAGE Address 13506 SUMMERPORT VILLAGE

PARKWAY #136 PARKWAY #136

City-State-Zip: WINDERMERE FL 34786 City-State-Zip: WINDERMERE FL 34786

TitleTREASURERTitleSECRETARYNameHUGHES, GRANTNameHO , KEN

Address 13506 SUMMERPORT VILLAGE Address 13506 SUMMERPORT VILLAGE

PARKWAY #136 PARKWAY #136

City-State-Zip: WINDERMERE FL 34786 City-State-Zip: WINDERMERE FL 34786

Title ASST. SECRETARY Title VP

Name SCARANGELLA, ADAM Name CARTER, CLINT

Address 13506 SUMMERPORT VILLAGE Address 13506 SUMMERPORT VILLAGE

PARKWAY #136 PARKWAY #136

City-State-Zip: WINDERMERE FL 34786 City-State-Zip: WINDERMERE FL 34786

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: THOMAS CASADEMONT PRESIDENT 02/06/2021