

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006492

Entity Name: LAKE PRESERVE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**610 N WYMORE RD
SUITE 200
MAITLAND, FL 32751-4239**Current Mailing Address:**610 N WYMORE RD
SUITE 200
MAITLAND, FL 32751-4239 US**FEI Number:** 47-1023166**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTHWEST ASSOCIATION MANAGEMENT, LLC D/B/A SOUTHWEST PROPERTY
MANAGEMENT OF CENTRAL FLORIDA
610 N WYMORE RD
SUITE 200
MAITLAND, FL 32751-4239 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:** JORDAN WASHINGTON

04/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	COLON, MYRNA V
Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE RD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239

Title	VP
Name	PARHAM, RONALD
Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE RD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239

Title	SECRETARY
Name	CASHMAN, LORI H
Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE RD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239

Title	TREASURER
Name	DOGLIO, KEVIN
Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE RD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239

Title	DIRECTOR
Name	ESPER, DAVID
Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE RD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239

Title	DIRECTOR
Name	ATTENASIO, JOSEPH
Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE RD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239

Title	DIRECTOR
Name	MILLER, RICHARD L
Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE RD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239

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: LORI H CASHMAN

SECRETARY

04/24/2025

