

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N13000006492

**Entity Name:** LAKE PRESERVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

10401 DEERWOOD PARK BOULEVARD  
SUITE 2130  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10401 DEERWOOD PARK BOULEVARD  
SUITE 2130  
JACKSONVILLE, FL 32256 US

**FEI Number:** 47-1023166

**Certificate of Status Desired:** No

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

EVERGREEN LIFESTYLES MANAGEMENT  
10401 DEERWOOD PARK BOULEVARD  
SUITE 2130  
JACKSONVILLE, FL 32256 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:** PATTI MCDONALD

**10/30/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SCHIFFER, MARTHA  
Address 10401 DEERWOOD PARK  
BOULEVARD  
SUITE 2130  
City-State-Zip: JACKSONVILLE FL 32256

Title VP D  
Name BELL, RALPH  
Address 10401 DEERWOOD PARK  
BOULEVARD  
SUITE 2130  
City-State-Zip: JACKSONVILLE FL 32256

Title SD  
Name STEIGER, AMY  
Address 10401 DEERWOOD PARK  
BOULEVARD  
SUITE 2130  
City-State-Zip: JACKSONVILLE FL 32256

*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:** MARTHA SCHIFFER

**PRESIDENT**

**10/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date