

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009353

Entity Name: L.N.V.A. LAKE NONA VOLLEYBALL ACADEMY, INC.**Current Principal Place of Business:**13326 SPROSTON PT
ORLANDO, FL 32832**Current Mailing Address:**13326 SPROSTON PT
ORLANDO, FL 32832 US**FEI Number: 47-2028310****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PRESSOIR, CLIRVAENS
13326 SPROSTON POINT
ORLANDO, FL 32832 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/ DIRECTOR
Name	PRESSOIR, CLIRVAENS
Address	13326 SPROSTON PT
City-State-Zip:	ORLANDO FL 32832

Title	SECRETARY
Name	PRESSOIR, KARINA ALEJANDRA
Address	13326 SPROSTON PT
City-State-Zip:	ORLANDO FL 32832

Title	TREASURER
Name	PRESSOIR, KATRINA VANESSA
Address	13326 SPROSTON PT
City-State-Zip:	ORLANDO FL 32832

Title	DIRECTOR
Name	VARELA, MALVIN
Address	13326 SPROSTON PT
City-State-Zip:	ORLANDO FL 32832

Title	DIRECTOR
Name	LIPPMAN, MARK
Address	13326 SPROSTON PT
City-State-Zip:	ORLANDO FL 32832

Title	DIRECTOR
Name	RICO, LINA
Address	13326 SPROSTON PT
City-State-Zip:	ORLANDO FL 32832

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: CLIRVAENS PRESSOIR**P/D****06/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date