

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000006440

Entity Name: LIVINGSTON LAKES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5629 STRAND BLVD - STE. 412
NAPLES, FL 34110**Current Mailing Address:**5629 STRAND BLVD - STE. 412
NAPLES, FL 34110 US**FEI Number:** 47-4446856**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARAMONT PROPERTY MANAGEMENT, LLC
5629 STRAND BLVD - STE. 412
NAPLES, FL 34110 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
Name PECK, ROLENE
Address C/O PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE 412
City-State-Zip: NAPLES FL 34110

Title TREASURER
Name TRAUNERO, EZIO
Address C/O PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE 412
City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name TARANTINO, JASON
Address % PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE #412
City-State-Zip: NAPLES FL 34110

Title VP
Name CAPRIOTTI, JOE
Address % PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE #412
City-State-Zip: NAPLES FL 34110

Title SECRETARY
Name TESTA, ALYSIA
Address % PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE #412
City-State-Zip: NAPLES FL 34110

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: ROLENE PECK**PRESIDENT****04/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date