

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N21000009624

**Entity Name:** NORTHLAKE AT OVATION HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Sep 08, 2023**  
**Secretary of State**  
**9053944877CC**

**Current Principal Place of Business:**

C/O ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS  
4901 VINELAND RD SUITE 455  
ORLANDO, FL 32811

**Current Mailing Address:**

C/O ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS  
4901 VINELAND RD SUITE 455  
ORLANDO, FL 32811 US

**FEI Number: 87-3676854**

**Certificate of Status Desired: No**

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

MANKIN LAW GROUP  
2535 LANDMARK DR  
SUITE 212  
CLEARWATER, FL 33761 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: MELISSA MANKIN**

**09/08/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name CUBERO, CHRISTOPHER  
Address C/O ASSOCIA-COMMUNITY  
MANAGEMENT PROFESSIONALS  
4901 VINELAND RD SUITE 455  
City-State-Zip: ORLANDO FL 32811

Title PD  
Name SECOR, ATINO  
Address C/O ASSOCIA-COMMUNITY  
MANAGEMENT PROFESSIONALS  
4901 VINELAND RD SUITE 455  
City-State-Zip: ORLANDO FL 32811

Title TSD  
Name VANDERZYDEN, CAROLYN  
Address C/O ASSOCIA-COMMUNITY  
MANAGEMENT PROFESSIONALS  
4901 VINELAND RD SUITE 455  
City-State-Zip: ORLANDO FL 32811

*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: ATINO SECOR**

**PRESIDENT**

**09/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date