

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000006256

**Entity Name:** LAKEWOOD RANCH LORRAINE RESIDENTIAL COMMUNITY ASSOCIATION, INC.

**FILED**  
**Mar 22, 2024**  
**Secretary of State**  
**2301364664CC**

**Current Principal Place of Business:**

18851 NE 29TH AVE  
SUITE 905  
AVENTURA, FL 33180

**Current Mailing Address:**

18851 NE 29TH AVE  
SUITE 905  
AVENTURA, FL 33180 US

**FEI Number: 99-2075421**

**Certificate of Status Desired: No**

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

HOFFMAN, STEPHEN V ESQ.  
2426 EAST LAS OLAS BLVD  
FORT LAUDERDALE, FL 33301 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 P  
Name BAUM, LARRY  
Address 19410 NE 22 RD  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title VP  
Name DE CHABERT, ALEXANDRE  
Address 337 MICHIGAN AVE  
City-State-Zip: INDIATLANTIC FL 32903

Title T  
Name JOHNSON, KIM  
Address 531 NW 39TH AVE  
City-State-Zip: COCONUT CREEK FL 33066

*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: LARRY BAUM**

**PRESIDENT**

**03/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date