

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31665

Entity Name: LOST LAKES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**140 LOST LAKE DR STE 1
COCOA, FL 32926**Current Mailing Address:**140 LOST LAKE DR STE 1
COCOA, FL 32926 US**FEI Number:** 59-2950946**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCULLOH, NEAL ESQ.
CLAYTON & MCCULLOH, ATTORNEYS AT LAW
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751 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	HACKETT, LINDA
Address	102 WOODSMILL BLVD.
City-State-Zip:	COCOA FL 32926

Title	SECRETARY
Name	GOTTHOLD, KATHY
Address	108 AQUARIUS TERR.
City-State-Zip:	COCOA FL 32926

Title	VP
Name	COLASANTO, THOMAS M
Address	109 WOODSMILL BLVD
City-State-Zip:	COCOA FL 32926

Title	T
Name	MANN, HADDIE T
Address	111 WOODSMILL BLVD
City-State-Zip:	COCOA FL 32926

Title	D
Name	NEGRIN-CRUZ, BELLA
Address	111 LOST LAKE DR.
City-State-Zip:	COCOA FL 32926

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: HADDIE T MANN**TREASURER****03/30/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date