

2016 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	TD
Name	WILSON, BETTY J
Address	118 AQUARIUS TERRACE
City-State-Zip:	COCOA FL 32926

Title	PD
Name	MOORE, ROSEANN
Address	155 WOODSMILL BLVD.
City-State-Zip:	COCOA FL 32926

Title	DIRECTOR
Name	BRUSE, DONN
Address	171 WOODSMILL
City-State-Zip:	COCOA FL 32926

Title	VP
Name	BINSCHUS, RICHARD
Address	308 MERIDIAN RUN
City-State-Zip:	COCOA FL 32926

Title	SECRETARY/DIRECTOR
Name	CHRZANOWSKI, MARY
Address	173 WOODSMILL BLVD.
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: BETTY J. WILSON**TREASURER/DIRECTOR** 03/31/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date