

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35321

**Entity Name:** LAKE FOREST NORTH HOMEOWNERS ASSOCIATION OF PALM COAST, INC.

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC8078954808**

**Current Principal Place of Business:**

2 CAMINO DEL MAR  
PALM COAST, FL 32137

**Current Mailing Address:**

POST OFFICE BOX 351493  
PALM COAST, FL 32135 US

**FEI Number: 59-3016585**

**Certificate of Status Desired: No**

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

SOUTHERN STATES MANAGEMENT GROUP, INC.  
2 CAMINO DEL MAR  
PALM COAST, FL 32137 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 PEGG, JANET L  
Address POST OFFICE BOX 351493  
City-State-Zip: PALM COAST FL 32135

Title SD  
Name STUDNIKI, DAVID  
Address POST OFFICE BOX 351493  
City-State-Zip: PALM COAST FL 32135

Title D  
Name LEIZ, ARTHUR  
Address POST OFFICE BOX 351493  
City-State-Zip: PALM COAST FL 32135

Title VPD  
Name ROMERO, ROBIN  
Address POST OFFICE BOX 351493  
City-State-Zip: PALM COAST FL 32135

Title DP  
Name VONSOOSTEN, SHARON L  
Address POST OFFICE BOX 351493  
City-State-Zip: PALM COAST FL 32135

*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: SHARON L VONSOOSTEN**

**PRESIDENT**

**04/25/2014**

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

\_\_\_\_\_  
Date