

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46221

Entity Name: LONG ACRE LAKE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**233 VIOLET DR
SANIBEL, FL 33957**Current Mailing Address:**233 VIOLET DR
SANIBEL, FL 33957**FEI Number:** 59-3107657**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REYNOLDS, JAMES L
233 VIOLET DRIVE
SANIBEL, FL 33957 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 D
Name BRAUN, STEVEN J
Address 5700 COVINGTON CIRCLE
City-State-Zip: MINNETONKA MN 55345Title DP
Name KRUZICH, JOSEPH A
Address 209 VIOLET DRIVE
City-State-Zip: SANIBEL FL 33957Title DT
Name REYNOLDS, JAMES
Address 233 VIOLET DR
City-State-Zip: SANIBEL FL 33957Title D
Name SLYVIA, TRICIA S
Address 64 W. WASHINGTON ST.
City-State-Zip: CHAGRIN FALLS OH 44022Title DS
Name MARSTON, MICHAL
Address 225 VIOLET DRIVE
City-State-Zip: SANIBEL FL 33957Title D
Name MILLARD, CHRISTOPHER J
Address 20394 TIMBERED ESTATES
City-State-Zip: CARLINVILLE IL 62626Title D
Name LUIGI, MANZILLIO
Address 280 BROADWAY
City-State-Zip: PROVIDENCE RI 02903Title VP
Name MARSTON, KATHY
Address 225 VIOLET DRIVE
City-State-Zip: SANIBEL FL 33957

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: JAMES L. REYNOLDS**TREASURER****01/22/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date