

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47748

Entity Name: LAKE LOUISA & LAKE NELLIE OAKS HOMEOWNERS' ASSN.,
INC.**FILED**
Apr 29, 2024
Secretary of State
3365503936CC**Current Principal Place of Business:**11634 NELLIE OAKS BEND
CLERMONT, FL 34711**Current Mailing Address:**P.O. BOX 120561
CLERMONT, FL 34712 US**FEI Number: 59-3122921****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CICCOTELLI, KATIE
11634 NELLIE OAKS BEND
CLERMONT, FL 34711 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: KATIE CICCOTELLI****04/29/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	DEITRICK, DONNA	Name	CICCOTELLI, KATIE
Address	9042 MOSSY OAK LN.	Address	11634 NELLIE OAKS BEND
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711
Title	DIRECTOR	Title	DIRECTOR
Name	TOLMAN, RUEL	Name	ORLEANSKI, MIKE
Address	11449 NELLIE OAKS BEND	Address	9151 MOSSY OAK LANE
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711
Title	DIRECTOR	Title	SECRETARY/TREASURER
Name	CONING, LISA	Name	GIBSON, GORDON
Address	11412 NELLIE OAKS BEND	Address	11503 NELLIE OAKS BEND
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

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: KATIE CICCOTELLI**VICE PRESIDENT****04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date