

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001440

Entity Name: LAKE DAMON SOUTH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**303 PEABODY CIRCLE
AVON PARK, FL 33825**Current Mailing Address:**303 PEABODY CIRCLE
AVON PARK, FL 33825 US**FEI Number:** 65-0401623**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROY, CAROL A
3008 N LAKE DAMON RD
AVON PARK, FL 33825 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	PAYNE, RAYMOND
Address	320 GROVE CIRCLE
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	NEIL, FRANCIS
Address	358 GROVE CIRCLE
City-State-Zip:	AVON PARK FL 33825

Title	TREASURER
Name	LEWIS, TERRY
Address	330 PEABDY CIRCLE
City-State-Zip:	AVON PARK FL 33825

Title	SECRETARY
Name	KOON, MICHELLE
Address	322 GROVE CIRCLE
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	PALMER., JOHN
Address	312 GROVE CIRCLE
City-State-Zip:	AVON PARK FL 33825

Title	VP
Name	HAWTHORNE, WILLIAM
Address	302 PEABODY CIRCLE
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	DELISLE, SHERRY
Address	335 GROVE CIRCLE
City-State-Zip:	AVON PARK FL 33825

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: TERRY LEWIS**TREASURER****04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date