

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005732

Entity Name: VILLAGES OF LAKE LUCIE HOMEOWNERS' ASSOCIATION, INC.**FILED**
Feb 06, 2023
Secretary of State
6050129027CC**Current Principal Place of Business:**8452 VILLAGES OF LAKE LUCIE DR
SUITE A
PORT SAINT LUCIE, FL 34952**Current Mailing Address:**8452 VILLAGES OF LAKE LUCIE DR
SUITE A
PORT SAINT LUCIE, FL 34952 US**FEI Number: 65-0516793****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ROSS, DEBORAH
789 S FEDERAL HIGHWAY
SUITE 101
STUART, FL 34994 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	TRUSTEE
Name	ZUTTER, DONNA
Address	8296 SPICEBUSH TERRACE
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	TRUSTEE
Name	PHILLIPS, JENNY
Address	8250 SANDPINE CIRCLE
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	TRUSTEE
Name	METZGER, BRUCE
Address	8294 REDCEDAR PLACE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	VP
Name	GAMACHE, GUY
Address	8296 SANDPINE CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	PRESIDENT
Name	WOOD, THOMAS
Address	8297 REDCEDAR PLACE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	TREASURER
Name	KAUFMAN, PAUL
Address	8313 MAIDENCANE PLACE
City-State-Zip:	PORT ST LUCIE FL 34952

Title	SECRETARY
Name	ROSS, NANCY
Address	1706 PONDBERRY LANE
City-State-Zip:	PORT ST LUCIE FL 34952

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: PAUL KAUFMAN**TREASURER****02/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date