

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000762

Entity Name: HOMEOWNERS ASSOCIATION OF LYNN LAKE, INC.**Current Principal Place of Business:**

C/O ENSUVI PROPERTY MANAGEMENT INC.
PO BOX 633
ELFERS, FL 34680, FL 34680

Current Mailing Address:

C/O ENSUVI PROPERTY MANAGEMENT INC.
PO BOX 633
ELFERS, FL 34680, FL 34680 US

FEI Number: 59-3564179**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

ENSUVI PROPERTY MANAGEMENT INC
C/O ENSUVI PROPERTY MANAGEMENT INC.
PO BOX 633
ELFERS, FL 34680, FL 34680 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: MURRAY CHARLES MCGILVEARY

03/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name PEREZ, IRENE
Address C/O ENSUVI PROPERTY
MANAGEMENT INC.
PO BOX 633
City-State-Zip: ELFERS, FL 34680 FL 34680

Title PRESIDENT
Name MONTENEGRO-SAPUTO, KATHERINE
Address C/O ENSUVI PROPERTY
MANAGEMENT INC.
PO BOX 633
City-State-Zip: ELFERS, FL 34680 FL 34680

Title TREASURER
Name NGUYEN, NHAN
Address C/O ENSUVI PROPERTY
MANAGEMENT INC.
PO BOX 633
City-State-Zip: ELFERS, FL 34680 FL 34680

Title MANAGER
Name ENSUVI PROPERTY MANAGEMENT
INC.
Address PO BOX 633
City-State-Zip: ELFERS FL 34680

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: MURRAY CHARLES MCGILVEARY

MANAGER

03/13/2023

Electronic Signature of Signing Officer/Director Detail

Date