


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90037 010 \*\*\*\*61.25

**DOCUMENT # 727040**  
 1. Entity Name  
**LAKES AREA PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business 1503 E. CROOKED LAKE DRIVE EUSTIS, FL 32726	Mailing Address 1503 E. CROOKED LAKE DRIVE EUSTIS, FL 32726
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**DO NOT WRITE IN THIS SPACE**



02202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7362672	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GERMAIN, MARK F**  
 2305 HUTCHINSON AVE  
 LEESBURG, FL 34748

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Mark F. Germain DATE: 3-6-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ERICKSON, ROBERT A 1503 E. CROOKED LAKE DR EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONOVER, CHARLES 18943 OLD MT. DORA RD EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO PATROWICZ, TULLY 1700 COUNTRY CLUB RD EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEWIS, WALTER 1707 E CROOKED LAKE DR EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRAY, RUTH 33325 E LAKE JOHANNA EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUTTON, MARGERIE 2850 E. CROOKED LAKE DR EUSTIS, FL 32726

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Erickson DATE: 2/27/07 (352) 357-8128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40052067  
# 727010

APRIL 4, 2007

ENCLOSED IS A REPLACEMENT CHECK IN THE AMOUNT OF \$61.25.  
PER TYRONE SCOTT 0404-07 #4949