

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727040

FILED
Apr 27, 2008
Secretary of State

Entity Name: LAKES AREA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1503 E. CROOKED LAKE DRIVE
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

1503 E. CROOKED LAKE DRIVE
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 23-7362672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERMAIN, MARK F
2305 HUTCHINSON AVE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ERICKSON, ROBERT A
Address: 1503 E. CROOKED LAKE DR
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: CONOVER, CHARLES
Address: 16943 OLD MT. DORA RD
City-St-Zip: EUSTIS, FL 32726

Title: VPD () Delete
Name: PATROWICZ, TULLY
Address: 1700 COUNTRY CLUB RD
City-St-Zip: EUSTIS, FL 32726

Title: SD () Delete
Name: LEWIS, WALTER
Address: 1707 E CROOKED LAKE DR
City-St-Zip: EUSTIS, FL 32726

Title: TD () Delete
Name: GRAY, RUTH
Address: 33325 E LAKE JOHANNA
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: MUTTON, MARGERIE
Address: 2850 E. CROOKED LAKE DR
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT A. ERICKSON

O/D

04/27/2008

Electronic Signature of Signing Officer or Director

Date