

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 740459 (3)**  
1. Corporation Name  
**THE LAKES VILLAS CONDOMINIUM II ASSOCIATION, INC**

**95 FEB -7 PM 4: 09**

Principal Place of Business Mailing Address  
**7850 ULMERTON RD 2 LARGO FL 34641**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/18/1977** 3a. Date of Last Report **03/22/1994**  
4. FEI Number **59-1774574** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HOLIDAY ISLES PROPERTY MGT., INC  
7850 ULMERTON RD  
SUITE 1  
LARGO 34641**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	<del>P</del>
NAME	<b>HUDSON, CHARLES</b>
STREET ADDRESS	<b>4724 LAKE VILLA DR</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<del>P</del>
NAME	<b>BIWER, LEW</b>
STREET ADDRESS	<b>5788 LK VILLA DR</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<del>P</del>
NAME	<b>HENNINGER, HERMAN</b>
STREET ADDRESS	<b>4760 LK VILLA DR</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<del>P</del>
NAME	<b>BURGESS, LOUISE</b>
STREET ADDRESS	<b>4742 LK VILLA DR</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>S</b>
NAME	<b>WUJINEE, ED.</b>
STREET ADDRESS	<b>4748 LAKE VILLA DRIVE</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Robert Kall</b>
3.3 STREET ADDRESS	<b>4682 Lake Villa Dr.</b>
3.4 CITY - ST - ZIP	<b>Clearwater, FL.</b>
4.1 TITLE	<b>VP/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Davey Marano</b>
4.3 STREET ADDRESS	<b>4794 Lake Villa Dr.</b>
4.4 CITY - ST - ZIP	<b>Clearwater, FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles P. Hutson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Charles Hutson**

**1/23/95**  
DATE DAYTIME PHONE #