

**2006 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**


112

FILED

2006 OCT 23 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740459
1. Entity Name
THE LAKES VILLAS CONDOMINIUM II ASSOCIATION, INC



Principal Place of Business
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

Mailing Address
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685



2. Principal Place of Business
Suite, Apt. #, etc

3. Mailing Address
Suite, Apt. #, etc

10092006 REIN-NP CR2E099 (11/05)

City & State
Zip Country

4. FEI Number
59-1774574

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FIRST CHOICE ASSOCIATION MANAGEMENT
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TREXLER, BUDDY 4756 LAKE VILLA DRIVE CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESSAC, RICHARD 4728 LAKE VILLA DR. CLEARWATER, FL 33762 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKS, HELEN 4688 LAKE VILLA DR. CLEARWATER, FL 33762 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, HATTIE 4746 LAKE VILLA DR. CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTONE, PAT 4796 LAKE VILLA DR CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BILL MCLAUGHLIN 4710 LAKES VILLAS DR CLEARWATER, FL 33762 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 100081123501 10/23/06--01059--018 **\$1.25 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERRY MARANO 4706 LAKE VILLA DR CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 517, 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: Michael Jesso Dir. Date: 10-13-06 1727 Daytime Phone #: 572 1388

10/30

**FIRST
CHOICE
ASSOCIATION
MANAGEMENT, INC.**

4174 Woodlands Parkway ^{2/2}
Palm Harbor, FL 34685
(727) 785-8887
Fax: (727) 787-5725

<http://www.firstchoiceassociation.com>
E mail: fcam@firstchoicemetro.com

October 16, 2006

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

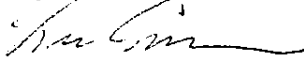
RE: Reinstatement

We are writing to you on behalf of the Lakes Villas Condominium II Association Board of Directors.

This Association did not receive a renewal for the Corporation, Document # 740459. The previous management company said that they didn't receive one and the new management company didn't take over until March of 2006 so they could not have received it. The Board asks that the penalty be waived.

Enclosed are the reinstatement form and our check for \$61.25. If I can be of help in this matter please call me at 727-785-8887. Thanking you in advance.

Respectfully,



Les Tinus, LCAM

Cc: file
Board of Directors

Enclosure: [as stated]