


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90009 004 ****61.25

DOCUMENT # 770326 1. Entity Name LAKES BY THE BAY ESTATE HOMES ASSOCIATION, INC.					
Principal Place of Business 9780 S. W. 216 ST. MIAMI, FL 33190			Mailing Address 11981 SW 144 CT SUITE 201 MIAMI, FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-2325012				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAIGE, ROBERT E 7000 SW 97 AVENUE STE 209 MIAMI, FL 33173			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OTILIGE, DANIEL		NAME		
STREET ADDRESS	9780 SW 216 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRES, CONFESSOR		NAME		
STREET ADDRESS	9780 S. W. 216 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARSHALL, JIM		NAME	SD Ricardo Ariza	
STREET ADDRESS	9780 S. W. 216 ST.		STREET ADDRESS	9780 S.W. 216 ST.	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	MIAMI, FL 33190	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MURPHY, DAN		NAME	TD Colin Price	
STREET ADDRESS	9780 S. W. 216 ST.		STREET ADDRESS	9780 S.W. 216 ST.	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	MIAMI, FL 33190	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDALIA, MAYRA		NAME		
STREET ADDRESS	9780 SW 216 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	