


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

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90399 003 \*\*\*\*61.25

**DOCUMENT # N01000003036**

1. Entity Name  
**ADDISON LAKES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**7100 W CAMINO REAL  
 SUITE 117  
 BOCA RATON, FL 33433**

Mailing Address  
**7100 W CAMINO REAL  
 SUITE 117  
 BOCA RATON, FL 33433**

2. Principal Place of Business - No P.O. Box #  
**500 NE Spanish River Blvd**

3. Mailing Address  
**500 NE Spanish River Blvd**

Suite, Apt. #, etc.  
**Ste 18**

Suite, Apt. #, etc.  
**Suite 18**

City & State  
**Boca Raton FL**

City & State  
**Boca Raton F**

Zip  
**33431**

Country  
**US**

Zip  
**33431**

Country  
**US**

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-1149836**

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VALYO, PAUL  
 7100 W CAMINO REAL  
 SUITE 117  
 BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name  
**Willis, Ernest W**

Street Address (P.O. Box Number is Not Acceptable)  
**500 NE Spanish River Blvd**

Suite  
**Suite 18**

City  
**Boca Raton**

State  
**FL**

Zip Code  
**33431**

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 \_\_\_\_\_

Filing Fee is **\$61.25**  
 Due by **May 1, 2007**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAZOR, ANDREW 23049 ADDISON LAKES CIR BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FOX, AARON 23045 ADDISON LAKES CIR. BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AREM, BOORNAZIAN 23025 ADDSON LAKES CIR BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	Stephen Brown 23081 Addison Lakes Cir. Boca Raton FL 33433 <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
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 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: Andrew Lazor 4/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #