


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90130 024 ****61.25

DOCUMENT # N01350	
1. Entity Name THE LAKES AT UNIVERSITY CENTER HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 1311 AIRPORT DRIVE C-1 TALLAHASSEE FL 32304 US	Mailing Address P.O. BOX 2396 TALLAHASSEE FL 32316
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2. Principal Place of Business 1311 Airport Dr Suite, Apt. #, etc. C-1	3. Mailing Address PO Box 13089 Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State Tallahassee FL 32304	City & State Tallahassee FL
Zip 32304	Country US
Zip 32317	Country US

4. FEI Number 59-2659645	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 CAPPS, BETTY 222 MAT LANE HAVANA FL 32333 R.S. RHINEHART 644 CAPITAL CIR NE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Robert T. S. Rhinehart Street Address (P.O. Box Number is Not Acceptable) 644 Capital Circle NE City Tallahassee FL Zip Code 32301
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME RUDD, CLARKE <input checked="" type="checkbox"/> Delete	TITLE	NAME Wayne Tompson, President <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1392 DEVONSHIRE DR.	CITY-ST-ZIP TALLAHASSEE FL 32317	STREET ADDRESS 8704 Spring Shore Trail	CITY-ST-ZIP Tallahassee, Fl. 32312
TITLE VD	NAME BROWN, CAROLYN <input checked="" type="checkbox"/> Delete	TITLE	NAME Aaron Wilson, Vice-President <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1343 AIRPORT DR. H-11	CITY-ST-ZIP TALLAHASSEE FL 32304	STREET ADDRESS 1303 Airport Drive	CITY-ST-ZIP Tallahassee, Fl. 32312
TITLE TD	NAME SHAH, DEVEN <input checked="" type="checkbox"/> Delete	TITLE	NAME Patricka Hogue, Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1319 AIRPORT DR. F-5	CITY-ST-ZIP TALLAHASSEE FL 32304	STREET ADDRESS 1325 Airport Drive	CITY-ST-ZIP Tallahassee, Fl. 32312
TITLE D	NAME CAPPS, BETTY <input checked="" type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 222 MAT LANE	CITY-ST-ZIP HAVANA FL 32333	STREET ADDRESS 	CITY-ST-ZIP
TITLE SD	NAME BRETT, WADE <input checked="" type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1341 AIRPORT DR. H-4	CITY-ST-ZIP TALLAHASSEE FL 32304	STREET ADDRESS 	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4-25-2005** **850 410-7239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #