

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVE
AND
FILED

06 APR 29 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 13089
TALLAHASSEE FL 32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2659645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHINEHART, ROBERT S
644 CAPITAL CIRCLE NE
TALLAHASSEE FL 32301

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

400074326324

05/10/06--01009--017 **\$61.25

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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 P ☐ Delete
NAME TOMPSON, WAYNE
STREET ADDRESS 8704 SPRING SHORE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VP ☐ Delete
NAME WILSON, AARON
STREET ADDRESS 1303 AIRPORT DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE S ☒ Delete
NAME HOGUE, PATRICKA
STREET ADDRESS 1325 AIRPORT DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary / Treas ☐ Change ☒ Addition
NAME Brett, Wade
STREET ADDRESS 4505 Comanche Trl Blvd
CITY-ST-ZIP Jacksonville FL 32259

TITLE Director ☐ Change ☒ Addition
NAME Hughes, Natalie
STREET ADDRESS 1333 Airport Dr
CITY-ST-ZIP Tallahassee FL 32304

TITLE Director ☐ Change ☒ Addition
NAME Nelson, Michael
STREET ADDRESS 1335 Airport Dr G-7
CITY-ST-ZIP Tallahassee, FL 32304

TITLE Director ☐ Change ☒ Addition
NAME Stevens, Peter
STREET ADDRESS 5330 SW 117 Terrace
CITY-ST-ZIP Cooper City, FL 33330

TITLE ☐ Change ☒ Addition
NAME Porter, Michael
STREET ADDRESS 1335 Airport Dr G-6
CITY-ST-ZIP Tallahassee, FL 32304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]

4/20/06

5/10/06