## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01350

FILED Feb 12, 2008 Secretary of State

Entity Name: THE LAKES AT UNIVERSITY CENTER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2935 WHIRLAWAY TRAIL TALLAHASSEE, FL 32309

Current Mailing Address: New Mailing Address:

US

2910 KERRY FOREST PARKWAY D4, BOX 303 TALLAHASSEE, FL 32309

FEI Number: 59-2659645 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROJAS, COLLEEN "KELLY E ROJAS, COLLEEN E 2935 WHIRLAWAY TRAIL TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32309 US

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.

SIGNATURE: COLLEEN E ROJAS 02/12/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

JACKSONVILLE, FL 32259

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TALLAHASSEE, FL 32304

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 TOMPSON, WAYNE
 Name:
 PORTER, MICHAEL

 Address:
 8704 SPRING SHORE TRAIL
 Address:
 1335 AIRPORT DRIVE, G06

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 TALLAHASSEE, FL 32304

Title: () Delete Title: (X) Change ( ) Addition WILSON, AARON Name: NELSON, DAVID M Name: Address: 1303 AIRPORT DRIVE Address: 1303 AIRPORT DRIVE City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312

Title: ST () Delete Title: ST (X) Change () Addition Name: BRETT, WADE Name: SISTRUNK, KATHRYN Address: 4505 COMANONE TRL Address: 1335 AIRPORT DRIVE, G08

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: HUGHES, NATALIE D (X) Change ( ) Addition Name: BRETT, WADE

Address: 1333 AIRPORT DRIVE Address: 2309 GREENBRIER BLVD City-St-Zip: TALLAHASSEE, FL 32304 US City-St-Zip: PENSACOLA, FL 32514

Title: D (X) Delete Title: ( ) Change ( ) Addition Name: NELSON, MICHAEL Name:

 Name:
 NELSON, MICHAEL
 Name:

 Address:
 1335 AIRPORT DR., G-7
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32304 US
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 STEVENS, PETER
 Name:

 Address:
 5330 SW 117 TERRACE
 Address:

 City-St-Zip:
 COOPER CITY, FL 33330
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MICHAEL PORTER P 02/12/2008