
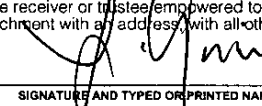


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90103 011 ****61.25

DOCUMENT # N36151					
1. Entity Name LAKES ON THE GREEN HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 11981 SW 144 CT. STE. 201 MIAMI, FL 33186		Mailing Address 11981 SW 144 CT. STE. 201 MIAMI, FL 33186			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HYMAN, KAPLAN, GANGUZZA, SPECTOR & MARS PA 150 W. FLAGLER ST., STE. 2701 MIAMI, FL 33130				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 _____ DATE _____ <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 checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, GEORGE		NAME	Husaaain, Muhammed	
STREET ADDRESS	9071 N.W. 190 STREET		STREET ADDRESS	8950 NW 189 Ter	
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP	Miami, Fl 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUHART, CYNTHIA		NAME		
STREET ADDRESS	8741 N.W. 189 TERR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, LUIS		NAME	Kelley, James	
STREET ADDRESS	19621 NW 88 AVE.		STREET ADDRESS	8748 NW 189 Ter	
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP	Miami, Fl. 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPATERO, PHILLIP		NAME		
STREET ADDRESS	19031 NW 89 COURT.		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESTINI, FELIPE		NAME	Garcia, Luis	
STREET ADDRESS	18752 NW 90 AVE.		STREET ADDRESS	19621 NW 88 ave	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, Fl. 33015	
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: 			Date: 1/11/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		