

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2005
Secretary of State**

DOCUMENT# N98000003186

Entity Name: FOUR LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

941 LAQUINTA BLVD
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

941 LAQUINTA BLVD.
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3520562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YATES, KEN
1740 GLEN ABBY LANE
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: YOST, CHARLES J
Address: 2912 SHOAL CREEK PL
City-St-Zip: WINTER HAVEN, FL 33881

Title: TR () Delete
Name: MANSFIELD, RICHARD B
Address: 941 LAQUINTA BLVD
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP () Delete
Name: JONES, EFFIE
Address: 1249 LAS BRISAS LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: P () Delete
Name: YATES, KEN
Address: 1740 GLEN ABBY LN
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: REIMERT, SAM
Address: 1662 GLEN ABBY LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: CARROLL, MIKE
Address: 1758 GLEN ABBY LANE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: RICHARD MANSFIELD

TREA

01/18/2005

Electronic Signature of Signing Officer or Director

_____ Date