2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000004785

1. Entity Name

ADODIC HOME OWNED & ACCOUNTION INC



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90234 018 ****61.25

LAKES LAI	HGU'S HOME OWNER'S AS	SOCIATION, INC.							
Principal Place of Business 12 NEWPORT DR. CRESTVIEW FL 32539		Mailing Address 12 NEWPORT DR. CRESTVIEW FL 32539			,				
2. Principal Place of Business		3. Mailing Address			1 148/1101 118	(B) B3 B3 B3 B3			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59	4. FEI Number 59-3381740 Applied For Not Applicable			
Zip	Country Zip		Col	intry	5. Certificate of Star	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	rrent Registered Agent				7. Name and Address of New Registered Agent			
	O. Hame and Address of Carrent			Name					
WADE, CHARLES A ESQ. 14 DEL CERRO CAMINO				Street Address (P.O. Box Number is Not Acceptable)					
	: 785 (MAILING) Ew:Fl 32539		City			FL	Zip Code	-	
			• *	we.					
the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing	its register	ed office or re	gistered agent, or both, in th	ne State of Florida. I am la	miliar with, a	япо ассерт	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (N	IOTE: Registere	ed Agent signature	required when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 9. Election Trust Ful			Campaign F d Contribut	_	7,0000 10 1 000	Make Check Florida Departi	ment of S	State	
10.	OFFICERS AND D	RECTORS	11.		·	S TO OFFICERS AND DIR			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KREOWSKI, WOLFGANG 61 DEL CERRO CAMINO CRESTVIEW FL 32539	☐ Delete			P JAMES L. McC 12 NEWPORT I CRESTVIEW FI	SLAMERY DRIVE	∏ Change	☐ Addition	
TITLE	VP	☐ Delete	TITL	.E	CKESTVIEW FI	1 32337-324,2	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, GARY 8 DEL CERRO.CAMINO - CRESTVIEW FL 32539	حميد و حدور	NAM . STR	1	اداد المسيد والادادة. 	. ~ .	. 		
TITLE NAME STREET ADDRESS	10 110	☐ Delete		ME EET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP	CRESTVIEW FL 32539			Y-ST-ZIP				☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEAS, BOYCE REV. 12 DEL CERRO CAMINO CRESTVIEW FL 32539	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGLAMERY, JIM	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP	D JOHNSON, SALLY 8 DEL CERRO CAMINO CRESTVIEW FL 32539	☐ Delete	CIT	ME REET ADDRESS Y-ST-ZIP			☐ Change	☐ Addition	
12 I hereby	certify that the information supplied wi	th this filing does not qualify	for the exe	emption state	d in Section 119.07(3)(i), Flo	rida Statutes. I further cert	ify that the ir	nformation	

inclosed certify that the information supplied which this plant does not quality for the exemption stated in section 119.07(3)(I), Fronda Statutes. I further certify that the information indicated on this report or suppliemental 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. 850-

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (10/02)