## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006001

FILED Jan 07, 2004 Secretary of State

Entity Name: THE LAKES OF LADY LAKE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1411 MEADOW VIEW WAY LADY LAKE, FL 321592536 **Current Mailing Address: New Mailing Address:** 1411 MEADOW VIEW WAY LADY LAKE, FL 321592536 FEI Number: 59-3551293 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: NESBITT, ROBERT A 1411 MEÁDOW VIEW WAY LADY LAKE, FL 321592536 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DVP () Change () Addition () Delete HEFNER, MICHAEL Name: Name: 1414 MEADOW VIEW WAY Address: Address: City-St-Zip: LADY LAKE, FL 32159 City-St-Zip: Title: DS () Delete Title: (X) Change ( ) Addition DS Name: STOTTLEMYER, JOYCE Name: PHELPS, PAUL.INE Address: 565 DOWLING CIR. Address: 584 DOWLING CIR. City-St-Zip: LADY LAKE, FL 32159 City-St-Zip: LADY LAKE, FL 32159 Title: () Delete Title: () Change () Addition HUFFMAN, LOUISE Name: Name: Address: 569 DOWLING CIR. Address: City-St-Zip: LADY LAKE, FL 32159 City-St-Zip: Title: () Delete Title: DD ( ) Change (X) Addition Name: Name: SHORT, OWEN Address: Address: 594 DOWLING CIRCLE City-St-Zip: City-St-Zip: LADY LAKE, FL 32159

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: ROBERT A. NESBITT PRES 01/07/2004