

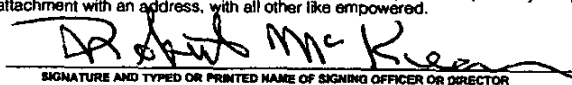


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90004 010 ****61.25

DOCUMENT # N98000006001					
1. Entity Name THE LAKES OF LADY LAKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1411 MEADOW VIEW WAY LADY LAKE, FL 32159-2536		Mailing Address 1411 MEADOW VIEW WAY LADY LAKE, FL 32159-2536			
2. Principal Place of Business 575 DOWLING CIRCLE		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LADY LAKE FL		City & State		4. FEI Number 59-3551293	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32159		Country USA		Zip Country	
6. Name and Address of Current Registered Agent NESBITT, ROBERT A 1411 MEADOW VIEW WAY LADY LAKE, FL 32159-2536			7. Name and Address of New Registered Agent Name ROBERT E. MCKEAN Street Address (P.O. Box Number is Not Acceptable) 575 DOWLING CIRCLE City LADY LAKE FL Zip Code 32159		
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 ROBERT MCKEAN, PRESIDENT		 (NOTE: Registered Agent signature required when reinstating)		DATE 1/29/06	
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 NAME STREET ADDRESS CITY-ST-ZIP	DVP HEFNER, MICHAEL 1414 MEADOW VIEW WAY LADY LAKE, FL 32159	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARBARA HARTMAN M 576 DOWLING CIRCLE LADY LAKE FL 32159	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PHELPS, PAULINE 584 DOWLING CIR. LADY LAKE, FL 32159	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUFFMAN, LOUISE 569 DOWLING CIR. LADY LAKE, FL 32159	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVID HUFFMAN 569 DOWLING CIRCLE LADY LAKE FL 32159	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWIGHT BROWN 566 DOWLING CIRCLE LADY LAKE FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARD FAIRBANKS 521 DOWLING CIRCLE LADY LAKE FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKY PRICE 508 DOWLING CIRCLE LADY LAKE FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 1/29/06		DAYTIME PHONE: 352-750-6998	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	