

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90021 016 ****61.25

DOCUMENT # N03000002957					
1. Entity Name THE LAKES AT TRADITION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4500 PGA BOULEVARD SUITE 400 PALM BEACH GRDENS, FL 33418			Mailing Address 4500 PGA BOULEVARD SUITE 400 PALM BEACH GRDENS, FL 33418		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2343226	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLINGER, JOHN 4500 PGA BOULEVARD SUITE 400 PALM BEACH GRDENS, FL 33418			7. Name and Address of New Registered Agent Name: <u>Steve Inglis</u> Street Address (P.O. Box Number is Not Acceptable): <u>1930 Commence Lane</u> City: <u>Jupiter</u> State: <u>FL</u> Zip: <u>33477</u>		
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: <u>[Signature]</u> DATE: <u>4/9/07</u> <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, 2007		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	NAME GREENE, RICHARD E	<input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 4500 PGA BOULEVARD, SUITE 400	CITY-ST-ZIP PALM BEACH GRDENS, FL 33418		STREET ADDRESS 1040 SW Candlewood Rd	CITY-ST-ZIP Pt. St. Lucie, FL 34987	
TITLE VD	NAME KOON, DAVID	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 4500 PGA BOULEVARD, SUITE 400	CITY-ST-ZIP PALM BEACH GRDENS, FL 33418		STREET ADDRESS P.O. Box 7242	CITY-ST-ZIP Pt. St. Lucie, FL 34985	
TITLE STD	NAME OLINGER, JOHN	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 4500 PGA BOULEVARD, SUITE 400	CITY-ST-ZIP PALM BEACH GRDENS, FL 33418		STREET ADDRESS 12265 SW Elsinore Dr.	CITY-ST-ZIP Pt. St. Lucie, FL 34987	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 10913 SW Candlewood Rd	CITY-ST-ZIP Pt. St. Lucie, FL 34987	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 10859 SW Elsinore Dr	CITY-ST-ZIP Pt. St. Lucie, FL 34987	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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: <u>John R. Orr</u>			Date: <u>4/9/07</u> Daytime Phone #: <u>772-345-0265</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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