

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002957

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE LAKES AT TRADITION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11840 SW TRADITION LAKES BLVD.
PORT ST. LUCIE, FL 34987

New Principal Place of Business:

Current Mailing Address:

11840 SW TRADITION LAKES BLVD.
PORT ST. LUCIE, FL 34987

New Mailing Address:

FEI Number: 56-2343226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBROAH
759 SOUTH FEDERAL HIGHWAY
SUITE 212
STUART, FL 34994 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: P () Delete
Name: STEINBERG, ISIAH
Address: 1040 SW CANDLEWOOD RD
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: V () Delete
Name: CENNAMO, ANGELO
Address: 10481 SW STRATTON DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: V () Delete
Name: BAILEY, ROBERT
Address: 12265 SE ELSINORE DR
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: T () Delete
Name: ORR, JOHN
Address: 10913 SW CANDLEWOOD RD
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: S () Delete
Name: FARGIANO, CARL
Address: 11249 SW PEMBROKE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34987

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ISIAH STEINBERG

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date