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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morones
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 11:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 725653 (0)

1. Corporation Name

THE LAKES HOMEOWNERS ASSOCIATION I, INC.

Principal Place of Business

**4591 LAKE BLVD.
CLEARWATER FL 34622**

Mailing Address

**4591 LAKE BLVD.
CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1973

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1616341

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TANKEL, ROBERT L, ESQ.
BECKER & POLIAKOFF, P.A.
33 N. GARDEN AVE., SUITE 900
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NORBOM, ROLF
STREET ADDRESS	4530 BEAR LAKE COURT
CITY-STATE-ZIP	CLEARWATER FL
TITLE	SD
NAME	RIGO, VIRGINIA
STREET ADDRESS	4423 GREAT LAKES DRIVE N.
CITY-STATE-ZIP	CLEARWATER FL
TITLE	PD
NAME	PETROFF, MARGE
STREET ADDRESS	4514 SUPERIOR LANE
CITY-STATE-ZIP	CLEARWATER FL
TITLE	VP
NAME	PAULIN, JOE
STREET ADDRESS	4492 GREAT LAKES DR. S
CITY-STATE-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature / Name #

COMBIO