


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 725653 (0)</b> 1. Corporation Name <b>THE LAKES HOMEOWNERS ASSOCIATION I, INC.</b>					
Principal Place of Business <b>4591 LAKE BLVD. CLEARWATER FL 34622</b>			Mailing Address <b>4591 LAKE BLVD. CLEARWATER FL 34622-5224</b>		
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>02/23/1973</b> 3a. Date of Last Report <b>03/18/1996</b> 4. FEI Number <b>59-1616341</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>TANKEL, ROBERT L., ESQ. TEW, ZINGER, BARNES, AND ZIMMER 2855 MC CORMICK DRIVE CLEARWATER FL 34619</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPELLAS, GEORGE E		1.2 NAME		
STREET ADDRESS	4482 GREAT LAKES DR		1.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 34622		1.4 CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRUMBECK, RONALD E		2.2 NAME		
STREET ADDRESS	4500 GREAT LAKES DR		2.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 34622		2.4 CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENHOLE, GARET		3.2 NAME		
STREET ADDRESS	4488 GREAT LAKE DR N		3.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 34622		3.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HODGES, PAUL S		4.2 NAME		
STREET ADDRESS	4556 GREAT LAKES DR. S		4.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 34622		4.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASPDEN, LAURENCE		5.2 NAME		
STREET ADDRESS	4433 ONTARIO LANE		5.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 34622		5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Paul S. Hodges</i> <b>PAUL S. HODGES</b>			16 APR 97 1-(813)461-5824		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone # 0067470		



CR2E037 (9/96)