

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90135 026 ****61.25

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DOCUMENT # 725653

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/23/1973

4. FEI Number

59-1616341

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TANKEL, ROBERT L., ESQ.
TEW, ZINGER, BARNES, AND ZIMMER
2655 MC CORMICK DRIVE
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name **DONALD GRAHAM 90 COMPREHENSIVE MGMT.**
82 Street Address (P.O. Box Number is Not Acceptable)
10575 68TH AVE. N. SUITE B-3
83
84 City **SEMINOLE** FL 85 Zip Code **33772**

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

DONALD GRAHAM**Donald Graham****2/24/99**

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 **PD** ☒ DELETE
NAME **CAPELLAS, GEORGE E**
STREET ADDRESS **4462 GREAT LAKES DR**
CITY-ST-ZIP **CLEARWATER FL 34622**TITLE **SD** ☒ DELETE
NAME **PENHOLE, GARET**
STREET ADDRESS **4468 GREAT LAKE DR N**
CITY-ST-ZIP **CLEARWATER FL 34622**TITLE **TVP** ☐ DELETE
NAME **HODGES, PAUL S**
STREET ADDRESS **4556 GREAT LAKES DR. S**
CITY-ST-ZIP **CLEARWATER FL 34622**TITLE **D** ☐ DELETE
NAME **ASPDEN, LAURENCE**
STREET ADDRESS **4433 ONTARIO LANE**
CITY-ST-ZIP **CLEARWATER FL 34622**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PD Petroff, Marge**
1.3 STREET ADDRESS **4514 Superior Ln**
1.4 CITY-ST-ZIP **CLEARWATER FL 33762**2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **SD Gallagher, Ronald**
2.3 STREET ADDRESS **4453 ONTARIO LANE**
2.4 CITY-ST-ZIP **CLEARWATER, FL 33762**3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **T Geary, Ruby**
3.3 STREET ADDRESS **4414 Great Lakes Dr N**
3.4 CITY-ST-ZIP **CLEARWATER FL 33762**4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D Race, George**
4.3 STREET ADDRESS **4498 Great Lakes Dr S**
4.4 CITY-ST-ZIP **CLEARWATER, FL 33762**5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D Kotlarski, John**
5.3 STREET ADDRESS **4575 Great Lakes Dr S.**
5.4 CITY-ST-ZIP **CLEARWATER FL 33762**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **Donald Graham**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Feb 99 (727) 461-5824

Date

Daytime Phone #

CR2E037 (11/98)