


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90214 004 ****61.25

DOCUMENT # 725653 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1616341	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAHAM, DOANLD C/O COMPREHENSION MGMT. 10575 686TH AVENUE, STE B-3 SEMINOLE, FL 33772				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <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, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	VD ELDER, JAMES 4578 GREAT LAKES DR. S. CLEARWATER, FL 33762	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Lypch, Terrance 4504 Superior Lane Clearwater, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAZIER, DOREEN 4573 GREAT LAKES DR. S. CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/O Festa, Judith 4510 Superior Lane Clearwater, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREDEHOFT, ELDA JANE 4556 GREAT LAKES DR. S. CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Kotlarski, Annette 4575 Great Lakes Dr S Clearwater, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O HODGES, PAUL S 4556 GREAT LAKES DR. S. CLEARWATER, FL 34622	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Dan S. Hodge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 APR 04 (727) 461-5824
Date Daytime Phone #

44044397



04222004 Chg-NP CR2E037 (10/03)