2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2005 8:00 am Secretary of State **DOCUMENT # 725653** 1. Entity Name 03-02-2005 90084 004 ****61.25 THE LAKES HOMEOWNERS ASSOCIATION I, INC. Principal Place of Business Mailing Address 4591 LAKE BLVD. CLEARWATER FL 34622 4591 LAKE BLVD. CLEARWATER FL 34622 A A A M T A A A 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE Applied For 4. FEI Number City & State City & State 59-1616341 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRAHAM, DOANLD Street Address (P.O. Box Number is Not Acceptable) C/O COMPREHENSION MGMT. 10575 686TH AVENUE, STE B-3 SEMINOLE FL 33772 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **Addition** TITLE TITLE ☐ Delete 446 - Great Lake INN ELDER, JAMES NAME NAME 4578 GREAT LAKES DR. S. STREET ADDRESS STREET ADDRESS 41 33762 CLEARWATER FL 33762 CITY-ST-ZIP CITY-ST-ZIP Harper- Indian Lakes In A IITLE D M Delete TITLE ☐ Change **Addition** KOTLARSKI, ANNETTE NAME NAME dlearwalen 41 33762 4575 GREAT LAKES DR. S. STREET ADDRESS STREET ADDRESS CLEARWATER FL 33762 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition Addition HODGES, PAUL S NAME. Gradehoff Elda June Spredehoff Elda June Gleawater +133762 4556 GREAT LAKES DR. S. STREET ADDRESS STREET ADDRESS CLEARWATER FL 34622 CITY+S1-7IP CITY - ST - ZIP ☐ Change TITLE Addition TITLE Delete LYNAH, TERRANCE NAME 4504 SUPERIOR LANE STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33762** CITY-ST-ZIP CITY-ST-ZIP T/D cormier, David 4478 Greatlakes Dr. S ☐ Change Addition TITLE TITLE Delete FESTAN, JUDITH 4510 SUPERIOR LANE NAME NAME STREET ADDRESS STREET ADDRESS CLEARWATER FL 33762 CITY-ST-ZIP CITY-ST-ZIP ☐ Change · 🔲 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 an other like empowered.

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SIGNATURE: SIGNATURE: SIGNATORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PLANE TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PLANE TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PLANE TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PLANE TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PLANE TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PLANE TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PLANE TYPED OF THE PRINTED NAME OF THE PRINTED