

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90037 044 ****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

50005457



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
c/o Comprehensive Mgmt
 10575 68th Ave N
 Suite B 3
 City & State
 Seminole FL
 Zip
 33172
 Country
 Anexas

03212006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-1616341

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
 Not Applicable

8. 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 *David L. Graham*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ELDER, JAMES 4578 GREAT LAKES DR. S. CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAPELLAS, GEORGE 4462 GREAT LAKES DR N CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARPER, JUDITH 4393 GREAT LAKES DR N CLEARWATER, FL 33762 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BREDEHOFT, ELDA-JUNE 4588 FOX LAKE CT CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D FESTA, JUDITH 4510 SUPERIOR LANE CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RIGO, VIRGINIA 4423 GREAT LAKES DR N CLEARWATER, FL 33762 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Zora Christine 4319 Huron Lane Clearwater FL 33762 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Rice, George, V P 4498 Great Lakes Dr N S Clearwater FL 33762 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Croce, Joseph 4513 Great Lakes Dr N S Clearwater FL 33762 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Conque, Everette 4512 Superior Lane Clearwater FL 33762 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Alda Jun Budeloff, P/O 4588 Fox Lake Pt. Clearwater, FL 33762 <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Alda Jun Budeloff*
 Signature and typed or printed name of signing officer or director Date 3-22-06 722-523-7764 Daytime Phone #