

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

3. Mailing Address

c/o Comprehensive Mgmt

10575 68th Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B 3

03212006 Chg-NP CR2E037 (11/05)

City & State

City & State

Seminole FL

4. FEI Number
59-1616341

Applied For
Not Applicable

Zip

Country

Zip

Country

33172

Ariz

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, DOANLD
C/O COMPREHENSION MGMT.
10575 68TH AVENUE, STE B-3
SEMINOLE, FL 33772

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

Donald 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

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 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dora Christine
4319 Huron Lane
Clearwater FL 33762 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAPELLAS, GEORGE
4462 GREAT LAKES DR N
CLEARWATER, FL 33762 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Rac, George V P
4498 Great Lakes Dr S
Clearwater FL 33762 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARPER, JUDITH
4393 GREAT LAKES DR N
CLEARWATER, FL 33762 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Croce, Joseph
4513 Great Lakes Dr S
Clearwater FL 33762 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BREDEHOFT, ELDA-JUNE
4588 FOX LAKE CT
CLEARWATER, FL 33762 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pongou Everett
4512 Superior Lane
Clearwater FL 33762 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
FESTA, JUDITH
4510 SUPERIOR LANE
CLEARWATER, FL 33762 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Alida Jun Budhly, P/O
4588 Fox Lake Pt.
Clearwater, FL 33762 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RIGO, VIRGINIA
4423 GREAT LAKES DR N
CLEARWATER, FL 33762 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

Alida Jun Budhly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06 722-573-7764

Date Daytime Phone #