

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90092 008 \*\*\*\*61.25

**40079019**



02272008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 725653</b> 1. Entity Name THE LAKES HOMEOWNERS ASSOCIATION I, INC.					
Principal Place of Business 4591 LAKE BLVD. CLEARWATER, FL 34622			Mailing Address C/O COMPREHENSIVE MGMT. 10575 68TH AVE. N STE. B3 SEMINOLE, FL 33772		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-1616341				Applied For <input type="checkbox"/> Not Applicable	
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 COMPREHENSIVE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWSOM, THOMAS 4598 GREAT LAKES DR. S CLEARWATER, FL 33762	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wheeler, Leland 4547 Great Lakes Dr S Clearwater FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACE, GEORGE 4498 GREAT LAKES DR. S CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCE, Joseph 4513 Great Lakes Dr S Clearwater FL 33762
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 VENIS, DENNIS 4485 Michigan Lane Clearwater, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONGON, EVERETTE 4512 SUPERIOR LN CLEARWATER, FL 33762	<input checked="" 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	SD MORRISON, RICHARD 4552 GREAT LAKES DR. S CLEARWATER, FL 33762	<input checked="" 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	D KRIZIC, JOHN 4440 GREAT LAKES DR. N CLEARWATER, FL 33762	<input checked="" 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 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.					
<b>SIGNATURE:</b> <i>Leland P. Wheeler</i> <span style="float: right;">4-17-08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					