

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 19, 2009**  
**Secretary of State**

DOCUMENT# 725653

**Entity Name:** THE LAKES HOMEOWNERS ASSOCIATION I, INC.**Current Principal Place of Business:**4591 LAKE BLVD.  
CLEARWATER, FL 33762**New Principal Place of Business:****Current Mailing Address:**C/O COMPREHENSIVE MGMT.  
10575 68TH AVE. N STE. B3  
SEMINOLE, FL 33772**New Mailing Address:**901 N HERCULES AVE  
STE A  
CLEARWATER, FL 33765**FEI Number:** 59-1616341**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GRAHAM, DOANLD  
C/O COMPREHENSION MGMT.  
10575 686TH AVENUE, STE B-3  
SEMINOLE, FL 33772 US**Name and Address of New Registered Agent:**LEADING EDGE CAM  
901 N HERCULES AVE  
STE A  
CLEARWATER, FL 33765 US

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.

SIGNATURE: LEADING EDGE CAM

08/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CANTOR, NANCY  
Address: 4397 GREAT LAKES DR. S  
City-St-Zip: CLEARWATER, FL 33762

Title: P ( ) Delete  
Name: WHEELER, LELAND  
Address: 4547 GREAT LAKES DR S  
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete  
Name: HARPER, JUDITH  
Address: 4393 GREAT LAKES DR N  
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete  
Name: DALTON, CHARLES  
Address: 4586 FOX LAKE COURT  
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete  
Name: YOUNGER, GERALD  
Address: 4551 GREAT LAKES DR.S.  
City-St-Zip: CLEARWATER, FL 33762

Title: S ( ) Delete  
Name: RISK, WENDY  
Address: 4488 LAKES BLVD.  
City-St-Zip: CLEARWATER, FL 33762

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN COMMONS

MGR

08/19/2009

Electronic Signature of Signing Officer or Director

Date