2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED MORE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # 725653 1. Entity Name 03 FEB 21 PM L: 37 THE LAKES HOMEOWNERS ASSOCIATION I. INC. TALLIAN ASE. FLORIDA Principal Place of Business Mailing Address 4591 LAKE BLVD. 4591 LAKE BLVD. **CLEARWATER FL 34622** CLEARWATER FL 34822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 01/24/03-90131-003-\$6125 Suite Apt #, etc City & State City & State Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent The same of the sa GRAHAM, DOANLD Street Address (P.O. Box Number is Not Acceptable) C/O COMPREHENSION MGMT. 10575 686TH AVENUE, STE 8-3 SEMINOLE FL 33772 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition Elder Agnes 4578 GREAT Lake Dr.S. ClearWater, 7/ 33762 PETROFF, MARGE NAME NAME STREET ADDRESS 4514 SUPERIOR LN STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33762** CITY-ST-ZIP learwater, me Delete TITLE Change ☐ Addition LYNCH, TERRANCE FRAzier Doneed Dr. S NAME NAME STREET ADDRESS 9783 EAST HOLLAND RD STREET ADDRESS CITY-ST-ZIP **HOLLAND NY 14080** CITY-ST-ZIP TITLE, Delete. TITLE HODGES, PAUL S MAME NAME STREET ADDRESS 4556 GREAT LAKES DR. S STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 34622** CITY-ST-7IP X Delete TITLE TITLE ☐ Change Addition FISHER, NORMAN NAME NAME STREET ADDRESS 4498 LAKE BLVD. STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33762 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition rigs. Virginia NAME NAME STREET ADDRESS 4423 GREAT LAKES DRIVE NORTH STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33762** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition RACE, GEORGE NAME NAME 4498 FREAT LAKES DR S STREET ADDRESS STREET ADDRESS CITY-ST-7IP **CLEARWATER FL 33762** CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 all other like empowered

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