


FILED
Mar 05, 2007 8:00 am
Secretary of State

<h1 style="margin: 0;">DOCUMENT # 728466</h1>			
1. Entity Name THE LAKES ASSOCIATION, INC.			
Principal Place of Business 6137 LAKE TAHOE DRIVE JACKSONVILLE, FL 32256 US		Mailing Address 6137 LAKE TAHOE DRIVE JACKSONVILLE, FL 32256 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
NAPIER, EDGAR 6137 LAKE TAHOE DR. JACKSONVILLE, FL 32256		Name <i>N.I.</i>	
		Street Address <i>CMT -</i>	
		City <i>7400 B.</i>	
		City <i>Jacks</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required.)</small>	
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE	VPD <input type="checkbox"/> Delete	11.	
NAME	NAPIER, EDGAR	TITLE	VP
STREET ADDRESS	8725 COMO LK DR	NAME	W
CITY - ST - ZIP	JACKSONVILLE, FL 32256	STREET ADDRESS	622
TITLE	VPD <input type="checkbox"/> Delete	CITY - ST - ZIP	Jac
NAME	DARROW, CONSTANCE	TITLE	D
STREET ADDRESS	6210 LAKE LAGUNO DRIVE	NAME	6
CITY - ST - ZIP	JACKSONVILLE, FL 32256	STREET ADDRESS	J
TITLE	T <input type="checkbox"/> Delete	CITY - ST - ZIP	J
NAME	STRATFORD, NORMA	TITLE	T
STREET ADDRESS	6212 LAKE TAHOE DR	NAME	D
CITY - ST - ZIP	JACKSONVILLE, FL 32256	STREET ADDRESS	614
TITLE	PD <input type="checkbox"/> Delete	CITY - ST - ZIP	Jac
NAME	MALONEY, RICHARD	TITLE	
STREET ADDRESS	6163 LAKE TAHOE DR	NAME	
CITY - ST - ZIP	JACKSONVILLE, FL 32256	STREET ADDRESS	
TITLE	SD <input type="checkbox"/> Delete	CITY - ST - ZIP	
NAME	OLGES, DARRELL	TITLE	5-2
STREET ADDRESS	8775 COMO LAKE DRIVE	NAME	3
CITY - ST - ZIP	JACKSONVILLE, FL 32256	STREET ADDRESS	8
TITLE	<input type="checkbox"/> Delete	CITY - ST - ZIP	J
NAME		TITLE	
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			