2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

Secretary of State DOCUMENT #728466 03-05-2007 90060 004 ****61.25 THE LAKES ASSOCIATION, INC. Principal Place of Business Mailing Address 6137 LAKE TAHOE DRIVE 6137 LAKE TAHOE DRIVE JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32256 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-1552445 Applied For Not Applicable Zip 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 S. Emmerich, CAM NAPIER, EDGAR Box Number is Not Acceptable) 6137-LAKE TAHOE DR. JACKSONVILLE, FL -32256nezdows Way. Suite Zip Code 322.56 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 2/12/07 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VPD TITLE TITLE Change Addition _ . Delete Woward Stark NAPIER, EDGAR NAME NAME 6223 Lake Lugano Dr STREET ADDRESS 8725 COMO LK DR STREET ADDRESS lecksonuille, fl 32256 JACKSONVILLE, FL 32256 CITY-ST-ZIP CITY-ST-ZIP **VPD** C. Delete TITLE Change ☐ Addition TITLE Patrice Cote 6214 Lake Tahoe Dr DARROW, CONSTANCE NAME 6210 LAKE LAGUNO DRIVE STREET ADDRESS STREET ADDRESS /zetsonuille, Fa 32256 CITY-\$T-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP T- D Change ■ Addition TITLE C Delete TITLE Don Harper STRATFORD, NORMA NAME NAME 6194 Lake Lugano 6212 LAKE TAHOE DR STREET ADDRESS STREET ADDRESS lacksonville, FL 32256 JACKSONVILLE, FL 32256 CITY-ST-ZIP CITY-ST-ZIP TITLE PD ☐ Delete TITLE Change ☐ Addition MALONEY, RICHARD NAME NAME STREET ADDRESS 6163 LAKE TAHOE DR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP Change C Delete ☐ Addition SD TITLE TITLE Debbie Newman OLGES, DARRELL NAME NAME 8741 Como Lake Dr 8775 COMO LAKE DRIVE STREET ADDRESS STREET ADDRESS Tacksonville, FL 32256 JACKSONVILLE, FL 32256 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 particustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 05, 2007 8:00 am