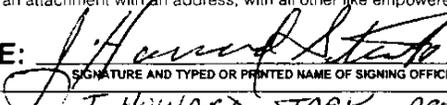


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90027 035 ****61.25

DOCUMENT # 728466					
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		4. FEI Number 59-1552445	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMMERICH, WILLIAM S CAM CMC-JAX 7400 BAYMEADOWS WAY, SUITE 104 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name: <u>STERRILL SCHAFFER</u> Street Address (P.O. Box Number is Not Acceptable): <u>CONCEPTS OF JACKSONVILLE</u> <u>7400 BAYMEADOWS WAY, SUITE 317</u> City: <u>JACKSONVILLE</u> FL Zip Code: <u>32256</u>		
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:  DATE: <u>3-31-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, HOWARD		NAME	STARK, HOWARD	
STREET ADDRESS	6223 LAKE LUGANO DRIVE		STREET ADDRESS	6223 LAKE LUGANO DRIVE, #L6223	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTE, PATRICE		NAME	WHITE, J. T.	
STREET ADDRESS	6214 LAKE TAHOE DRIVE		STREET ADDRESS	6220 LAKE LUGANO DRIVE, #L6220	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARPER, DON		NAME	CASSIDY, SYLVIA	
STREET ADDRESS	6194 LAKE LUGANO		STREET ADDRESS	6161 LAKE TAHOE DR, #T 6161	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALONEY, RICHARD		NAME	WATSON, HENRIER	
STREET ADDRESS	6163 LAKE TAHOE DR		STREET ADDRESS	6226 LAKE TAHOE DRIVE, #T6226	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, DEBBIE		NAME	CANNON, SARAH	
STREET ADDRESS	8741 COMO LAKE DRIVE		STREET ADDRESS	6157 LAKE TAHOE DRIVE, #T6157	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.					
SIGNATURE: 				Date: <u>3/25/08</u> Phone: <u>904-232-4031</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. HOWARD STARK, PRESIDENT					

