

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 728466</b> 1. Entity Name <b>THE LAKES ASSOCIATION, INC.</b>					
Principal Place of Business <b>6137 LAKE TAHOE DRIVE</b> <b>JACKSONVILLE, FL 32256</b> <b>US</b>			Mailing Address <b>6137 LAKE TAHOE DRIVE</b> <b>JACKSONVILLE, FL 32256</b> <b>US</b>		
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 <b>59-1552445</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EMMERICH, WILLIAM S CAM</b> <b>CMC-JAX</b> <b>7400 BAYMEADOWS WAY, SUITE 104</b> <b>JACKSONVILLE, FL 32256</b>				7. Name and Address of New Registered Agent  Name <b>STERRILL SCHAFER</b> Street Address (P.O. Box Number is Not Acceptable) <b>(COMMUNITY) MANAGEMENT CONCEPTS OF JACKSONVILLE</b> <b>7400 BAYMEADOWS WAY, SUITE 317</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32256</b>	
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 <b>3-31-2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STARK, HOWARD 6223 LAKE LUGANO DRIVE JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARK, HOWARD 6223 LAKE LUGANO DRIVE, #L6223 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTE, PATRICE 6214 LAKE TAHOE DRIVE JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, J. T. 6220 LAKE LUGANO DRIVE, #L6220 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARPER, DON 6194 LAKE LUGANO JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASSIDY, SYLVIA 6161 LAKE TAHOE DR, #T6161 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALONEY, RICHARD 6163 LAKE TAHOE DR JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON, HENTHER 6226 LAKE TAHOE DRIVE, #T6226 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEWMAN, DEBBIE 8741 COMO LAKE DRIVE JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, SARAH 6157 LAKE TAHOE DRIVE, #T6157 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>904-232-4031</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date <b>3/25/08</b> Phone #					
<b>J. HOWARD STARK, PRESIDENT</b>					