2006 NOT-FOR-PROFIT (PROPATION ANNUAL REPORT (AR)

## Jul 17, 2006 8:00 am **Secretary of State DOCUMENT # 736675** 1. Entity Name 07-17-2006 90145 017 \*\*\*\*61.25 THE LAKES VILLAS CONDOMINIUM! ASSOCIATION, INC. Principal Place of Business Mailing Address C/O CME, INC 4175 EAST BAY DR, SUITE 205 CLEARWATER FL 33764 US LAKE BLVD CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-1691100 Not Applicable Zip Country Country Zip \$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 Name HILDEBRANDT, HAL Street Address (P.O. Box Number is Not Acceptable) C/O CME, INC 4175 EAST BAY DR, # 205 CLEARWATER FL 33764 Zip Code FL B. The above named entity submits this staten at 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change Addition SCHWARTZ, MARGARITE NAME NAME 4802 LAKE BLVD., #9F STREET ADDRESS STREET ADDRESS CLEARWATER FL 33762 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition CABRAL, THAIS NAME NAME STREET ADDRESS 4640 LAKE BLVD. 2-F STREET ADDRESS CLEARWATER FL 33762 CITY-ST-ZIP CITY-ST-ZIP TITLE \_\_\_\_ Delete TITLE ☐ Change ☐ Addition ROEDER, JOHN NAME NAME STREET ADDRESS 4655 LAKE VILLA DR STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33762 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MURRAY, BILL NAME JAN DUCKRO H612 LAKEVILLA DA, 18 STREET ADORESS 4762 LAKE BLVD STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33762 CITY-ST-ZIP CLEHRWATER TITLE ☐ Delete TITLE ☐ Change Addition SOMERS, DONNA NAME NAME 4634 LAKE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33762 CITY-ST-ZIP

**FILED** 

☐ Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: There Calmel Vice Pres - 16 February