

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90010 016 ****61.25

DOCUMENT # 736675

1. Entity Name
THE LAKES VILLAS CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business
**LAKE BLVD
CLEARWATER, FL 33762 US**

Mailing Address
**C/O CME, INC
4175 EAST BAY DR, SUITE 205
CLEARWATER, FL 33764 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

03192008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1691100

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HILDEBRANDT, HAL
C/O CME, INC
4175 EAST BAY DR, # 205
CLEARWATER, FL 33764~~

Name

KIRK BLISS

Street Addr

CMC

4175 East Bay Dr., Suite 205

City

Clearwater, FL 33764

Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **P** ☐ Delete
NAME **SCHWARTZ, MARGARITE**
STREET ADDRESS **4802 LAKE BLVD., #9F**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **D** ☒ Change ☐ Addition
NAME **Margarite B. Schwartz**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **CABRAL, THAIS**
STREET ADDRESS **4640 LAKE BLVD. 2-F**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ROEDER, JOHN**
STREET ADDRESS **4655 LAKE VILLA DR**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DUCKRO, JAN**
STREET ADDRESS **4612 LAKE VILLA DR, 1B**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **P** ☒ Change ☐ Addition
NAME **Jan Duckro**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **SOMERS, DONNA**
STREET ADDRESS **4634 LAKE BLVD**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Jan Duckro

PHONE # **9276563177**