2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 736675

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

Current Principal Place of Business:

LAKE BLVD
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

C/O CME, INC
4175 EAST BAY DR, SUITE 205
CLEARWATER, FL 33764 US

New Mailing Address:

C/O CMC, INC
4585 140TH AVE. NORTH
CLEARWATER, FL 33762 US

FEI Number: 59-1691100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SCHWARTZ, MARGARITE	
Address:	4802 LAKE BLVD. #9F	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	VP	( ) Delete
Name:	CABRAL, THAIS	
Address:	4640 LAKE BLVD. 2-F	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	T	( ) Delete
Name:	ROEDER, JOHN	
Address:	4655 LAKE VILLA DR	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	P	( ) Delete
Name:	DUCKRO, JAN	
Address:	4612 LAKE VILLA DR, 1B	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	SD	( ) Delete
Name:	SOMERS, DONNA	
Address:	4634 LAKE BLVD	
City-St-Zip:	CLEARWATER, FL 33762	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. C. BRUMMETT MGR 01/28/2009

Electronic Signature of Signing Officer or Director — Date