

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736675

FILED  
Feb 02, 2011  
Secretary of State

**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 CMC, INC  
4585 140TH AVE. NORTH  
CLEARWATER, FL 33762 US

**New Mailing Address:**

**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  
Name: SCHWARTZ, MARGARITE  
Address: 4802 LAKE BLVD. #9F  
City-St-Zip: CLEARWATER, FL 33762

Title: VPT  
Name: MELTON, DENNIS  
Address: 4800 LAKE BLVD. 9E  
City-St-Zip: CLEARWATER, FL 33762

Title: STD  
Name: DUCKRO, JAN  
Address: 4612 LAKE VILLA DR, 1B  
City-St-Zip: CLEARWATER, FL 33762

Title: PD  
Name: SOMERS, DONNA  
Address: 4634 LAKE BLVD  
City-St-Zip: CLEARWATER, FL 33762

Title: D  
Name: WETZEL, DAVE  
Address: 4735 LAKE VILLAS DRIVE  
City-St-Zip: CLEARWATER, FL 33762

I hereby 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 all other like empowered.

SIGNATURE: DONNA SOMERS

PRES

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date