
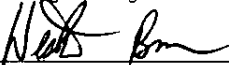
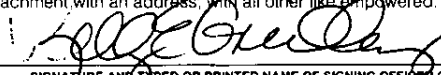


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90050 015 \*\*\*\*\*61.25

<b>DOCUMENT # 765633</b> 1. Entity Name <b>TOWNHOMES AT THE LAKES COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O NAUTILUS REALTY INC 4623 NW 53 AVENUE GAINESVILLE, FL 32606 US</b>			Mailing Address <b>C/O NAUTILUS REALTY INC 4623 NW 53 AVENUE GAINESVILLE, FL 32606 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1731 NW 6TH STREET</b>		3. Mailing Address <b>PO BOX 14506</b>			
Suite, Apt. #, etc. <b>SUITE A</b>		Suite, Apt. #, etc.			
City & State <b>GAINESVILLE FL</b>		City & State <b>GAINESVILLE FL</b>		4. FEI Number <b>59-2234966</b>	
Zip <b>32609</b>		Country <b>ALACHUA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NAUTILUS REALTY INC 4623 NW 53RD AVE GAINESVILLE, FL 32606</b>		7. Name and Address of New Registered Agent Name <b>WESTON BAUR/ED BAUR MANAGEMENT INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>DBA FLORIDA COMMUNITY MANAGEMENT</b> <b>1731 NW 6TH STREET SUITE A</b> City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32609</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  <span style="float: right;">3-8-07</span> <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 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRIDLEY, KELLY 2439 NW 47 LANE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITFIELD, J.T. 4669 NW 24TH BLVD GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, JOAN K. 4661 NW 24 BV GAINESVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPLAN, LEE 4653 NW 24 BLVD GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <span style="float: right;">4/17/07 (352) 682-9465</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					