

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767290

FILED
Apr 30, 2007
Secretary of State

Entity Name: VAN LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

917 LIBERTY LANE
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 576
AUBURNDALE, FL 338230576

New Mailing Address:

FEI Number: 59-2809728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JUDY
902 FLAG COURT
AUBURNDALE, FL 33823 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: P () Delete
Name: WILLIAMS, JUDY
Address: 902 FLAG COURT
City-St-Zip: AUBURNDALE, FL 33823

Title: VP () Delete
Name: MATHEWS, HENRY
Address: 906 FLAG COURT
City-St-Zip: AUBURNDALE, FL 33823

Title: S () Delete
Name: SZOCINSKI, JOANIE
Address: 910 FLAG COURT
City-St-Zip: AUBURNDALE, FL 33823

Title: TD () Delete
Name: BUTLER, PAT
Address: 301 VAN LAKES BLVD
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: DEESE, JOHNE
Address: 915 VAN DR
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: RICHTER, MIKE
Address: 936 VAN DRIVE
City-St-Zip: AUBURNDALE, FL 33823

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: D (X) Change () Addition
Name: ADELMAN, JAY
Address: 905 FLAG CT
City-St-Zip: AUBURNDALE, FL 33823

Title: D (X) Change () Addition
Name: TUCKER, HOWARD
Address: 306 VAN LAKES BLVD
City-St-Zip: AUBURNDALE, FL 33823

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: JUDY WILLIAMS

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date