

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 767290

1. Entity Name
VAN LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**917 LIBERTY LANE
AUBURNDAL, FL 33823 US**

Mailing Address

**P.O. BOX 576
AUBURNDAL, FL 33823-0576**



02082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2809728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, JUDY
902 FLAG COURT
AUBURNDAL, FL 33823**

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IN THIS SPACE**

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 \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIAMS, JUDY
STREET ADDRESS 902 FLAG COURT
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE VP
NAME MATHEWS, HENRY
STREET ADDRESS 906 FLAG COURT
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE S
NAME SZOCINSKI, JOANIE
STREET ADDRESS 910 FLAG COURT
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE TD
NAME BUTLER, PAT
STREET ADDRESS 301 VAN LAKES BLVD
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE D
NAME ADELMAN, JAY
STREET ADDRESS 905 FLAG CT
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE D
NAME TUCKER, HOWARD
STREET ADDRESS 306 VAN LAKES BLVD
CITY-ST-ZIP AUBURNDAL, FL 33823

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-08

863 967-8617