

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768113

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5045 NW 11TH AVENUE
DEERFIELD BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

5045 NW 11TH AVENUE
DEERFIELD BEACH, FL 33064

New Mailing Address:

FEI Number: 59-2364160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLAN, LOUIS
301 YAMATO ROAD
#4150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

ASSOCIATED CORPORATE SERVICES, LLC
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 US

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: LOUIS CAPLAN

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAZUREK, RICHARD
Address: 930 NW 53RD STREET
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: VP () Delete
Name: GIANNINO, LEE
Address: 5028 NW 11TH WAY
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: TR () Delete
Name: LIVIO, ANTHONY
Address: 5004 EAST LAKES DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: SC () Delete
Name: EVELYN, ROMERO
Address: 4949 EAST LAKES DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: EVELYN, ROMERO
Address: 4949 EAST LAKES DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: TR (X) Change () Addition
Name: LEE, GIANNINO
Address: 5028 NW 11TH WAY
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: SC (X) Change () Addition
Name: NA
Address: 5045 NW 11TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33064

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: RICHARD MAZUREK

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date