FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L97928 1. Corporation Name

LAKES REAL ESTATE, INC.

Principal Place of Business 100 N. HWY 27. SUITE A CLERMONT FL 34711

Mailing Address

100 N. HWY 27. SUITE A CLERMONT FL 34711

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90213 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

08/31/1990

Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		 	olied For	
San	ne ac above	26 Same a.	s al	20Ve	59-3030652		Not	Applicable	
	te, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired		\$8.75 A Fee Red		
City & State	& State - City & State -				Election Campaign Financing Trust Fund Contribution				
Zip	Country Zip			/	8. This corporation owes the curr	ent year Int	angible	₽No	
4 25 29 30				_	Personal Property Tax.			2110	
	9. Name and Address of Current	Registered Agent	-	Name	10. Name and Address of New F	tegisterea .	Agent		
BARWICK, IRVIN E 100-A NORTH HWY 27 CLERMONT FL 34711				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
			84	1		FL	85 Zip C		
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auti	nonzea bi	the corporation	poration submits this statement for the on's board of directors. I hereby accept	or rue appoi	changing its intraction to the change of the	istorod	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agr	ent signature require	ed when reinstating)	DATE	<u> </u>		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	0 .	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	BARWICK, E IRVIN		1.2 NAME						
STREET ADDRESS	100 A HWY 27		1.3 STREE	TADDRESS					
CITY-ST-ZIP	CLERMONT FL		1.4 CITY-						
TITLE	ST	☐ DELETE	2.1 TITLE	<u></u>			Change	☐ Addition	
NAME	BARWICK, REBECCA		2.2 NAME						
STREET ADDRESS	100A N HWY 27		•	TADORESS				Į.	
CITY-ST-ZIP	CLERMONT FL		2, 4 CITY-	ì				j	
TITLE	P	DELETE	3.1 TTLE				Change	Addition	
NAME	TRACY, DONALD H	-	3.2 NAME			·			
STREET ADDRESS	100A N HWY 27			T ADDRESS					
CITY-ST-ZIP	CLERMONT FL		3.4. CITY-						
TITLE	CLEMINOITY I E	☐ DELETE	4.1 TITLE	<u> </u>			Change	☐ Addition	
NAME		***	4, 2 NAME						
STREET ADDRESS				T ADDRESS				ĺ	
CITY-ST-ZIP			4.4 CITY-						
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME	•		5.2 NAME						
STREET ADDRESS			5.3 STRE	ET ADDRESS					
			5.4 C/TY-						
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	_			Change	Addition	
			6.2 NAME				_ ,	_	
NAME				T ADDRESS					
STREET ADORESS			6.4 CITY						
CITY-ST-ZIP	,		L 0.4 CITY	31-47	D. C. 440 07/07/2 Electron	1.6.0	()	f	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatindicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)