2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008459

FILED Apr 29, 2008 Secretary of State

Entity Name: TOWN LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11691 GATEWAY BLVD.
SUITE 203
FORT MYERS, FL 33913

Current Mailing Address:

11691 GATEWAY BLVD.
SUITE 203
FORT MYERS, FL 33913

FEI Number: 65-1065168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

S & S GOLF MANAGEMENT, INC. 11691 GATEWAY BLVD. SUITE 203 FORT MYERS, FL 33913 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DVP (X) Change () Addition Name: STRAUSBAUGH, JR, LLOYD Name: STRAUSBAUGH, JR, LLOYD Address: 18321 PLUMBAGO COURT Address: 18321 PLUMBAGO COURT City-St-Zip: LEHIGH ACRES, FL 33972

 Title:
 DVP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 BUTLER, RAYMOND
 Name:
 BUTLER, RAYMOND

 Address:
 18291 PINE NUT COURT
 Address:
 18291 PINE NUT COURT

Address: 18291 PINE NUT COURT Address: 18291 PINE NUT COURT
City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33972

Title: DST () Delete Title: DT (X) Change () Addition Name: GROVE, CHARLOTTE Name: LYNCH, RICHARD Address: 8341 GASSNER WAY

Address: 18311 PINE NUT COURT Address: 8341 GASSNER WAY
City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33972

Title: () Delete Title: DS () Change (X) Addition
Name: Name: SULLIVAN, CHRISTINE
Address: Address: 18271 BEAUTY BERRY COURT

City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33972

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: RAY BUTLER P 04/29/2008