

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008459

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** TOWN LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

18950 FOUNTAIN MIST BLVD.  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

**Current Mailing Address:**

18950 FOUNTAIN MIST BLVD.  
LEHIGH ACRES, FL 33972

**New Mailing Address:**

**FEI Number:** 65-1065168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VISION ASSOCIATION MANAGEMENT  
11691 GATEWAY BLVD  
SUITE 203  
FORT MYERS, FL 33913 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: DP  
Name: BARICELLI, PATRICK  
Address: 8080 FOUNTAIN MIST BLVD  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D  
Name: GIESSMAN, NEAL  
Address: 8060 FOUNTAIN MIST BLVD  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DS  
Name: FLOWERS, THERESA  
Address: 8001 GOPHER TORTOISE TRAIL  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DT  
Name: SCOTT, TED  
Address: 8030 LIRIOPE LOOP  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DVP  
Name: SCOTT, JEAN  
Address: 8030 LIRIOPE LOOP  
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby 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 all other like empowered.

SIGNATURE: TED SCOTT

DT

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date