2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Feb 24, 2003 8:00 am Secretary of State 02-13-2003 90244 020 ***150.00

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DOCI	MENT	# NIO100	200700	R

1. Entity Name

THE LAKES VILLA	S HOMEOWNERS	ASSOCIATION, INC.
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Principal Place of Business SOS NM 11TH AVE DOS NM 11TH AVE COUNTY SOS NM 11TH AVE POMPAND BEACH R. 33084 CITY SOS NM 11TH AVE	· · · · · · · · · · · · · · · · · · ·		market Barrier		200	310%					
POMPANO BEACH FL 33064 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Cit			-	· · · · · · · · · · · · · · · · · · ·				an 125 75.	¥.	26	
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Zp Country Zip Country S. Certificate of Status Desired Se, 75 Addition Fee Required	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent	City & State	9	City & State			4. FEI Number	PPLIED FOR	7			}
HUGHES, NANCY 5141 E LAKES DR. POMPANO BEACH R. 33084 City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL District of Florida. I am familiar with, and accept two obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations of registered agent. Signature Signatu	Ζip	Country	Zip	Country		5. Certificate of	Status Desired				
HUGHES, NANCY 5141 E LAKES CR. POMPANO BEACH FL 33064 City FL Zip Code 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 Signature Signature Signature Signature Signature Signature FILE NOW: FEE IS \$61.25 CFECERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTERPRETATIONS CONTYST.2P FOMPANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE POMPANO BEACH FL 33084 CITY-ST-2P FOMPANO BEACH FL 33084 CITY-ST-2P FOMPANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P FOMPANO BEACH FL 33084 CITY-ST-2P FOMPANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P FOMPANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P FOMPANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P FOMPANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P FOMPANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P FOMPANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P FOMPANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P FOMPANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P FOMPANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P OPPONANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P OPPONANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P OPPONANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P OPPONANO BEACH FL 33084 ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P OPPONANO BEACH FL 33084 ITTLE ITTLE NAME SITERT ADDRESS SOS NW 11TH AVE CITY-ST-2P OPPONANO BEACH FL 33	-;*- <u>-</u>	6. Name and Address of Curren	Registered Agent			7. Name and Ad	dress of New Re	gistered Agent].
5141 E LAKES DR. POMPANO BEACH FL 33084 City				Name	<u> </u>	<u> </u>					
POMPANO BEACH FL 33084 City				Street A	Address (F	s (P.O. Box Number is Not Acceptable)					
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 Signatur			•			- 					┨
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12. 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 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.	12. I hereby of indicated of the cor	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp	h this filing does not qualify for s true and accurate and that movered to execute this report to the state of the state	the exemption state by signature shall has required by Cha	ited in Sec nave the s apter 617,	ction 119.07(3)(i), F ame legal effect as , Florida Stalutes; a	Torida Statutes. I f if made under oa nd that my name :	urther certify that th; that I am an c appears in Block	t the in: officer o	formation or director Block 11 if	

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: