

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01350

FILED
Feb 27, 2009
Secretary of State

Entity Name: THE LAKES AT UNIVERSITY CENTER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

2910 KERRY FOREST PARKWAY
D4, BOX 303
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-2659645 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROJAS, COLLEEN E
2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309 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: P () Delete
Name: PORTER, MICHAEL
Address: 1335 AIRPORT DRIVE, G06
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP () Delete
Name: NELSON, DAVID M
Address: 1303 AIRPORT DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: ST () Delete
Name: SISTRUNK, KATHRYN
Address: 1335 AIRPORT DRIVE, G08
City-St-Zip: TALLAHASSEE, FL 32304

Title: D (X) Delete
Name: BRETT, WADE
Address: 2309 GREENBRIER BLVD
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NELSON, MICHAEL
Address: 1335 AIRPORT DRIVE, G07
City-St-Zip: TALLAHASSEE, FL 32304

Title: ST (X) Change () Addition
Name: SHELFER, HOWARD
Address: 1303 AIRPORT DRIVE, A7
City-St-Zip: TALLAHASSEE, FL 32304

Title: D (X) Change () Addition
Name: BRETT, PATRICK W
Address: 4006 HARPERS FERRY
City-St-Zip: ENID, OK 73703

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

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: D. MICHAEL NELSON

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date