

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 21, 2010
Secretary of State

DOCUMENT# N01350

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:**191 PINE LANE
CRAWFORDVILLE, FL 32327 US**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 MS
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
Name: NELSON, MICHAEL
Address: 2910 KERRY FOREST PKY, D4, BOX 303
City-St-Zip: TALLAHASSEE, FL 32309**Title:** S
Name: HARRIETT, STEVE
Address: 2910 KERRY FOREST PKY, D4, BOX 303
City-St-Zip: TALLAHASSEE, FL 32309**Title:** D
Name: THOMPSON, WAYNE
Address: 2910 KERRY FOREST PKY, D4, BOX 303
City-St-Zip: TALLAHASSEE, FL 32309

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: MICHAEL NELSON

DP

09/21/2010

Electronic Signature of Signing Officer or Director

Date