


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90148 040 \*\*\*\*61.25

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DOCUMENT # N02000001197			
1. Entity Name THE LAKES OF ESTERO HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O BENSON'S, INC. 12650 WHITEHALL DR FORT MYERS, FL 33907		Mailing Address 12650 WHITEHALL DR. FORT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>40 REALTY SERVICES</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>2525 PARKWAY ST</i>	
City & State		City & State <i>FORT MYERS, FL</i>	
Zip	Country	Zip <i>33901</i>	Country
6. Name and Address of Current Registered Agent BENSON, MARK R 12650 WHITEHALL DR FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: <i>RENTY SERVICES</i> Street Address (P.O. Box Number is Not Acceptable): <i>2525 PARKWAY ST</i> City: <i>FORT MYERS</i> FL Zip Code: <i>33901</i>	
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: <i>[Signature]</i>		MICHAEL McVETTY 3/26/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELTON, SHAWN 21835 RAINBOW LAKE CT ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DWIGHT PHILLIPS 9804 SPRINGLAKE CR: ESTERO FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAGNER, WANDA 21858 RAINBOW LAKE CT ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAY PROGON: SD PO. BOX 501 ESTERO FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIS, MARI 9896 SPRINGLAKE CR ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAULASKIS, JANEEN 9631 SPRINGLAKE CR ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUNDS, CATHLEEN 21800 SUNSET LAKE CT ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXIMENYA, YURI 9670 SPRINGLAKE CR ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE: <i>[Signature]</i>		3/26/07 215/6037	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	