
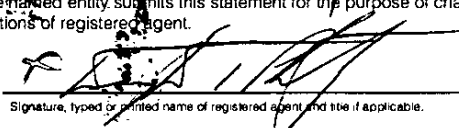
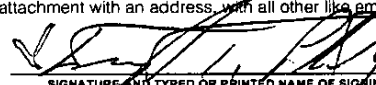


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90024 020 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 2525 PARKWAY ST		Mailing Address C/O REALTY SERVICES 2525 PARKWAY ST FORT MYERS, FL 33901	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State	
Zip 33901		Country USA	
3. Mailing Address		4. FEI Number 65-1177575	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent BENSON, MARK R. REALTY SERVICES 2525 PKWY ST FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Jon McVety REALTY SERVICES 2525 PKWY ST FT MYERS, FL 33901	
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.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
SIGNATURE: 		DATE: 2/18/08	
Filing Fee is \$61.25 Due by May 1, 2008		Filing Fee is \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: PHILLIP, DWIGHT STREET ADDRESS: 9804 SPRINGLAKE CIR CITY-ST-ZIP: ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE: D NAME: WILSON GARCIA STREET ADDRESS: 9983 SPRINGLAKE CIR CITY-ST-ZIP: ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: WAGNER, WANDA STREET ADDRESS: 21858 RAINBOW LAKE CT CITY-ST-ZIP: ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE: Secy NAME: TOM NEENEY STREET ADDRESS: 9915 SPRINGLAKE CIR CITY-ST-ZIP: ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: JD NAME: PROGIN, JAY STREET ADDRESS: PO BOX 561 CITY-ST-ZIP: ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE: D NAME: KATHLEEN CONIDRIS STREET ADDRESS: 9909 SPRINGLAKE CIR CITY-ST-ZIP: ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: D NAME: NEIL COX STREET ADDRESS: 9901 SPRINGLAKE CIRCLE CITY-ST-ZIP: ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Date: 2/18/08 Daytime Phone #: 239-218-0037	

40100400



01162008 Chg-NP CR2E037 (12/06)

\$8.75 Additional Fee Required

FL Zip Code

(NOTE: Registered Agent signature required when reinstating)

DATE

Make check payable to Florida Department of State

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #