


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90038 047 \*\*\*\*61.25

<b>DOCUMENT # N02000001325</b> 1. Entity Name <b>THOROUGHbred LAKES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O GLEN MGMT 301 W. CAM. GDNS BLVD. #200 BOCA RATON, FL 33432</b>		Mailing Address <b>C/O GLEN MGMT 301 W. CAM. GDNS BLVD. #200 BOCA RATON, FL 33432</b>	
2. Principal Place of Business - No P.O. Box # <b>Prime Management</b> Suite, Apt. #, etc. <b>6300 Park of Commerce Blvd</b> City & State <b>Boca Raton, FL</b> Zip <b>33487</b>		3. Mailing Address <b>Prime Management</b> Suite, Apt. #, etc. <b>6300 Park of Commerce Blvd</b> City & State <b>Boca Raton, FL</b> Zip <b>33487</b>	
4. FEI Number <b>04-3628609</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MICHAEL J. GELFAND, ESQ. C/O GELFAND &amp; ARPE, P.A. 1555 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33401-2329</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLOSTERMEYER, SHERRI 10141 CLUB HOUSE TURN RD LAKE WORTH, FL 33449 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan Feldhaus, Director 5702 Saddle Trail Lane Lake Worth, FL 33449 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORDERER, JAMES A 10256 LITTLE MUSTANG WAY LAKE WORTH, FL 33449 <input checked="" 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	S KAUFMAN, JEANNA 10401 OLD CLYDESDALE CIR LAKE WORTH, FL 33467 <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	T ARSLAMIAN, JOHN 10331 OLD WINSTON CT. LAKE WORTH, FL 33467 <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	D MOUNTCASTLE, DAN 10378 OLD CLYDESDALE LAKE WORTH, FL 33449 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dan Mountcastle 10378 Old Clydesdale Lake Worth, FL 33449 <input checked="" 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.			
<b>SIGNATURE:</b> <u>Sherris LB</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/9/08</u> <u>761-715-3557</u> <small>Date Daytime Phone #</small>	