


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90037 011 ****61.25

DOCUMENT # N02000006002					
1. Entity Name LAKE HOMES AT TARPON GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9411 CYPRESS LAKE DRIVE SUITE 2 FORT MYERS, FL 33919			Mailing Address 9411 CYPRESS LAKE DRIVE SUITE 2 FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0790380	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRUZ, BRYAN 9411 CYPRESS LAKE DRIVE SUITE 2 FORT MYERS, FL 33919				Name <u>Patricia Schoo</u> Street Address (P.O. Box Number is Not Acceptable) <u>40 Schoo Management</u> <u>9411 Cypress Lake Dr #2</u> City <u>Fort Myers</u> <u>FL</u> Zip Code <u>33919</u>	
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 <u>Patricia Schoo CAM</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME RUTTER, JOE		<input type="checkbox"/> Delete		
STREET ADDRESS 5909 TARPON GARDENS CIRCLE, #102	CITY-ST-ZIP CAPE CORAL, FL 33914		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DV	NAME BENEKE-SLOTHOWER, MAUREEN		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 5927 TARPON GARDENS CIRCLE, #201	CITY-ST-ZIP CAPE CORAL, FL 33914		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD	NAME LEE, CHUCK		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 5945 TARPON GARDENS CIRCLE, #201	CITY-ST-ZIP CAPE CORAL, FL 33914		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> 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: <u>W. Joe Rutter</u>			Date <u>4/28/08</u>		Daytime Phone # <u>239-981-4700</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					