2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90034 046 ****61.25

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1. Entity Name
THE LAKES AT TRADITION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11840 SW TRADITION LAKES BLVD. PORT ST. LUCIE, FL 34987	11840 SW TRADITION LAKES BLVD. PORT ST. LUCIE, FL 34987

04142008 Chg-NP CR2E037 (12/06)

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 56-2343226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, DEBROAH
759 SOUTH FEDERAL HIGHWAY
SUITE 212
STUART, FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEINBERG, ISAIAH 1040 SW CANDLEWOOD RD PORT SAINT LUCIE, FL 34987	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GROHOWSKI, PAUL P.O. BOX 7242 PORT SAINT LUCIE, FL 34985	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CENNAMO, ANGELO 10481 SW STRATTON DRIVE PORT ST LUCIE FL 34987 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BAILEY, ROBERT 12265 SE ELSINORE DR PORT SAINT LUCIE, FL 34987	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ORR, JOHN 10913 SW CANDLEWOOD RD PORT SAINT LUCIE, FL 34987	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALCORN, JOHN 10859 SW ELSINORE DR PORT SAINT LUCIE, FL 34987	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FARGIANO, CARL 11249 SW PEMBROKE DRIVE PORT ST LUCIE FL 34987 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: John R. Orr JOHN R. ORR April 16, 2008 772-345-0765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #