

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90154 001 ****61.25

DOCUMENT # N03000005683

1. Entity Name
**THE LAKES AT BROOKHAVEN PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH, FL 33401**

Mailing Address
**1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH, FL 33401**

40085200



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LIOCE, DOMENICK R
1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LIOCE, DOMENICK R 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV TERRY, RICK 5089 N A1A VERO BEACH, FL 32963
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HAGIE, WALTER 3727 SE OCEAN DRIVE #202 STUART, FL 34996
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

Date

561-676-3367

Daytime Phone #