

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90030 023 ****61.25

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # N03000006376 1. Entity Name THREE LAKES HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 119 N. 19TH CIRCLE, S.W. VERO BEACH, FL 32962 | | | Mailing Address 119 N. 19TH CIRCLE, S.W. VERO BEACH, FL 32962 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0642300 | |
| 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 | |
| MINIX, SEAN 455 30TH COURT SW VERO BEACH, FL 32968 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | DPD MINIX, SEAN <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 455 30TH COURT SW | | NAME | | |
| STREET ADDRESS | VERO BEACH, FL 32968 | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | VD FLOOD, STEPHEN <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 119 N. 19TH CIRCLE, S.W. | | NAME | | |
| STREET ADDRESS | VERO BEACH, FL 32962 | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | SD MINIX, KATHLEEN <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 455 30TH COURT SW | | NAME | | |
| STREET ADDRESS | VERO BEACH, FL 32968 | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | TD FLOOD, JENNIFER <input type="checkbox"/> Delete | | TITLE | TD Flood, Jennifer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 119 N. 19TH CIRCLE, S.W. | | NAME | 119 N 19th Circle S.W | |
| STREET ADDRESS | VERO BEACH, FL 32962 | | STREET ADDRESS | Vero Beach, FL 32962 | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | VD Wellmaker, Phillip <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | 6235 7th Lane | |
| STREET ADDRESS | | | STREET ADDRESS | Vero Beach, FL 32968 | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | SD Wellmaker, Monica <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | 6235 7th Lane | |
| STREET ADDRESS | | | STREET ADDRESS | Vero Beach, FL 32968 | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Monica Wellmaker</u> <u>Monica Wellmaker Sec. 3/12/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

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