

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006376

FILED
Apr 25, 2007
Secretary of State

Entity Name: THREE LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

119 N. 19TH CIRCLE, S.W.
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

119 N. 19TH CIRCLE, S.W.
VERO BEACH, FL 32962

New Mailing Address:

445 GREYSTONE COURT SW
VERO BEACH, FL 32968

FEI Number: 20-0642300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINIX, SEAN
455 30TH COURT SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

MINIX, SEAN
445 GREYSTONE COURT SW
VERO BEACH, FL 32968 US

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.

SIGNATURE: MONICA WELLMAKER

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPD () Delete
Name: MINIX, SEAN
Address: 455 30TH COURT SW
City-St-Zip: VERO BEACH, FL 32968

Title: VD () Delete
Name: FLOOD, STEPHEN
Address: 119 N. 19TH CIRCLE, S.W.
City-St-Zip: VERO BEACH, FL 32962

Title: SD () Delete
Name: MINIX, KATHLEEN
Address: 455 30TH COURT SW
City-St-Zip: VERO BEACH, FL 32968

Title: TD () Delete
Name: FLOOD, JENNIFER
Address: 119 N 19TH CIRCLE SW
City-St-Zip: VERO BEACH, FL 32962

Title: VD () Delete
Name: WELLMAKER, PHILLIP
Address: 6235 7TH LANE
City-St-Zip: VERO BEACH, FL 32968

Title: SD () Delete
Name: WELLMAKER, MONICA
Address: 6235 7TH LANE
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPD (X) Change () Addition
Name: MINIX, SEAN
Address: 445 GREYSTONE COURT SW
City-St-Zip: VERO BEACH, FL 32968

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MINIX, KATHLEEN
Address: 445 GREYSTONE COURT SW
City-St-Zip: VERO BEACH, FL 32968

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA WELLMAKER

SD

04/25/2007

Electronic Signature of Signing Officer or Director

Date