2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N03000006376

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:

6235 7TH LANE
VERO BEACH, FL 32968

New Mailing Address:

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
445 GREYSTONE COURT SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DPD	( ) Delete
Name:	MINIX, SEAN	
Address:	445 GREYSTONE 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:	445 GREYSTONE 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 04/27/2009

Electronic Signature of Signing Officer or Director — Date