

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009996

FILED
May 01, 2007
Secretary of State

Entity Name: LAKES OF DELAND ASSOCIATION, INC.

Current Principal Place of Business:

632 N WOODLAND BLVD
SUITE 3
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

632 N WOODLAND BLVD
SUITE 3
DELAND, FL 32720

New Mailing Address:

FEI Number: 20-2971704 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALLSCHLAEGER, GUNNAR
778 ONYX PARKWAY
DELAND, FL 32724 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: DP () Delete
Name: WALLSCHLAEGER, GUNNAR
Address: 778 ONYX PARKWAY
City-St-Zip: DELAND, FL 32724

Title: DVP () Delete
Name: WALLSCHLAEGER, MARK
Address: 278 CLUBHOUSE BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DS () Delete
Name: WALLSCHLAEGER, STEVE
Address: 632 N WOODLAND BLVD. SUITE 3
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: WALLSCHLAEGER, MARK
Address: 107 DONLON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: JORGE A VILLALOBOS

_____ Electronic Signature of Signing Officer or Director

CPT

05/01/2007

_____ Date