

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009996

FILED  
Apr 30, 2008  
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 ( )

**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: 107 DONLON DRIVE  
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: ( ) 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: JORGE VILLALOBOS

CMPT

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date