


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90714 007 ****61.25

DOCUMENT # N03459 1. Entity Name THE LAKES AT THE BLUFFS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1165 11TH COURT. JUPITER, FL 33477			Mailing Address 1165 11TH COURT. JUPITER, FL 33477		
2. Principal Place of Business 2328 S. CONGRESS AVENUE		3. Mailing Address 2328 S. CONGRESS AVENUE			
Suite, Apt. #, etc. SUITE 2A		Suite, Apt. #, etc. SUITE 2A			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL			
Zip 33406		Country USA		Zip 33406	
Country USA		4. FEI Number 59-2430779			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIN-LENN, NATALIE C LAW OFFICE OF NATALIE C. CHIN-LENN 2300 PALM BEACH LAKES BLVD., STE 308 WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name JAY LEVINE, P.A. Street Address (P.O. Box Number is Not Acceptable) 3300 PGA BOULEVARD, SUITE 970 City PALM BEACH GARDENS FL Zip Code 33410		
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 <u><i>Jay Levine</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-27-04</u>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, BILL 1802 18TH COURT JUPITER, FL 33477	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ndVPD SMITH, BILL 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOTT, CHIC 1938 19TH CT JUPITER, FL 33477	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOTT, CHIC 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURLINI, MAUREEN 1137 11TH CT JUPITER, FL 33477	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURLEY, MAUREEN 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LONGO, SALVATORE 1002 10TH CT. JUPITER, FL 33477	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONGO, SALVATORE 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEGARETO, JACK 1305 13TH COURT JUPITER, FL 33477	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1stVPD SEGARETO, JACK 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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><i>Salvatore Longo</i></u> DATE <u>4-29-04</u> (561)622-8502					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					