2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03459



FILED Apr 01, 2005 8:00 am Secretary of State

1. Entity Name THE LAKES AT THE BLUFFS HOMEOWNERS ASSOCIATION, INC.								04-0)1-2005	5 900]	11 045	****61.	25	
2328 S. CONGRESS AVE., STE 2A 232			2328 S	iling Address 328 S. CONGRESS AVE., STE 2A EST PALM BEACH, FL 33406										
2. Principal Place of Business 3. Ma				failing Address										
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				01172005	Ch	g-NP	(CR2E03	7 (10/03)	
City & State			City 8	City & State				4. FEI Number 59-2430779						pplied For ot Applicable
Zip	Zip Country		Zip	Zip Cou		intry	5. Certificate of Status Desired See Require							
	6. Name	e and Address of Current F	Registered A	Agent				7. Name ar	d Addr	ess of Ne	w Regi	stered A	gent	
The second of th						Name								
LEVINE, JAY PA 3300 PGA BOULEVARD, STE 970 PALM BEACH GARDENS, FL 33410					Street Address (P.O. Box Number is Not Acceptable)									
					ŀ	City					FL	Zip Cod	de	
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		ty submits this statement for stered agent.	the purpose	e of changing its re	egistere	ed office or r	registere	ed agent, or b	oth, in ti	he State o	it Horid	a. Iam f	amiliar with	, and accept
0/01/14/7/105														
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)														
	Signature, typeo	d or printed name of registered agent a	and title if applica	ble. (NOTE:	Registered	d Agent signature	e required	when reinstating)				DATE		
	Filing Fe	d or printed name of registered agent a	and title if applica	9. Election Camp Trust Fund Co	oaign Fi	inancing	<u> </u>	\$5.00 May Added to Fee	es		Florida	e check Depart	payable ment of S	itate
10.	Filing Fe	ee is \$61.25		9. Election Camp	oaign Fi	inancing	<u> </u>	\$5.00 May	es		Florida	e check Depart	ment of S	itate
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12. Thereby 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 fixe empowered.

SALVATORS J. LONGO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECTOR alocatou 4

3-24-05

622-8502

Daytime Phone #