

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

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

05-03-2004 91241 032 \*\*\*\*61.25

**DOCUMENT # N08717**  
1. Entity Name  
**THE LAKES OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
2158 ROYAL DR  
MELBOURNE FL 32904

Mailing Address  
2158 ROYAL DR  
MELBOURNE FL 32904

2. Principal Place of Business  
**4088 TIMBER TRAIL CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**4088 TIMBER TRAIL CT**  
Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State  
**MELBOURNE, FL**

City & State  
**MELBOURNE, FL**

Zip  
**32904-9148**

Country  
**BREVARD**

Zip  
**32904-9148**

Country  
**BREVARD**

4. FEI Number  
**59-2401972**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PATRICK F HEALY, ESQ  
OPOTTER, MCCLELLAND, MARKS & HEALY, P.A.  
700 S BABCOCK ST #400  
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERINO, JOSEPH 2010 ROYAL DR MELBOURNE FL 32904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEILL, JEAN 4009 CASPIAN CT MELBOURNE FL 32904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALMER, HARRY 2209 INLET WAY MELBOURNE FL 32904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STROBEL, KAY 2530 LAKES OF MELBOURNE DR MELBOURNE FL 32904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUROSKI, FAYE 2409 BOCA WAY PL MELBOURNE FL 32904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEARY, ROSE MARY 2145 ROYAL DR MELBOURNE FL 32904 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANKIN, SANDRA 2418 LAKES OF MELBOURNE DR MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, COURTNEY 2554 LAKES OF MELBOURNE DR. MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMILEY, CAROL 2117 HARBOR POINT CT. MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SANDRA RANKIN** *Sandra Rankin April 30, 2004 (321)952-1624*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #