

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90047 032 ****61.25



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

Principal Place of Business
 4088 TIMBER TRAIL CT
 MELBOURNE, FL 32904-9148

Mailing Address
 4088 TIMBER TRAIL CT
 MELBOURNE, FL 32904-9148

30000106



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 59-2401972

Applied For
 Not Applicable

Zip Country Zip Country

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: **PATRICK HEALY, ESQ. GRAY ROBINSON P.A.**
 Street Address (P.O. Box Number is Not Acceptable):
1800 W. HIBISCUS SUITE 138
 City: **MELBOURNE** FL Zip Code: **32901**

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

Filing Fee is \$61.25
Due by May 1, 2005

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CERINO, JOSEPH	
STREET ADDRESS	2010 ROYAL DR	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NEILL, JEAN	
STREET ADDRESS	4009 CASPIAN CT	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RANKIN, SANDRA	
STREET ADDRESS	2418 LAKES OF MELBOURNE DR	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, COURTNEY	
STREET ADDRESS	2554 LAKES OF MELBOURNE DR	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMILEY, CAROL	
STREET ADDRESS	2117 HARBOR POINT CT	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLEARY, ROSE MARY	
STREET ADDRESS	2145 ROYAL DR	
CITY-ST-ZIP	MELBOURNE, FL 32904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEST, CAROL	
STREET ADDRESS	2403 LAKES OF MELBOURNE DR.	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNTON, SHIRLEY	
STREET ADDRESS	2117 ROYAL DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, VIRGINIA	
STREET ADDRESS	2425 LAKES OF MELBOURNE DR.	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONG, DORIS	
STREET ADDRESS	4007 MERIDIAN CT.	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, WANDA	
STREET ADDRESS	2395 LAKES OF MELBOURNE DR.	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, MACILYN	
STREET ADDRESS	3988 BAY PORT COURT	
CITY-ST-ZIP	MELBOURNE, FL 32904	

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: *Virginia W. Johnson Carol L. Best, Pres.* 1-15-05 321-726-6210
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #