


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90035 007 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N08717</b><br>1. Entity Name<br><b>THE LAKES OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>4088 TIMBER TRAIL CT<br/>MELBOURNE FL 32904-9148</b> | Mailing Address<br><b>4088 TIMBER TRAIL CT<br/>MELBOURNE FL 32904-9148</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |                               |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br><b>59-2401972</b> | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                                | Country                       |



|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>PATRICK F HEALY, ESQ<br/>GRAY ROBINSON P.A.<br/>1800 W HIBISCUS STE 138<br/>MELBOURNE FL 32901</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BEST, CAROL<br>2403 LAKES OF MELBOURNE DR<br>MELBOURNE FL 32904       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>DUNTON, SHIRLEY<br>2117 ROYAL DRIVE<br>MELBOURNE FL 32904             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>JOHNSON, VIRGINIA<br>2425 LAKES OF MELBOURNE DR<br>MELBOURNE FL 32904 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DRONG, DORIS<br>4007 MERIDIAN CT<br>MELBOURNE FL 32904                | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PARKER, WANDA<br>2395 LAKES OF MELBOURNE DR<br>MELBOURNE FL 32904      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCDONALD, MARILYN<br>3988 BAY PORT COURT<br>MELBOURNE FL 32904         | <input type="checkbox"/> Delete            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>CONSTANCE HINELINE<br>3825 SEAGRAVE LANE<br>MELBOURNE, FL. 32904   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>LYNDA VEARD<br>3240 LAKES OF MELBOURNE DR.<br>MELBOURNE, FL. 32904 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 119, 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 February 9, 2006 321-721-6217