

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 06, 2006
Secretary of State**

DOCUMENT# N09479

Entity Name: LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2554656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KORNETT, TOM
Address: 1759 COTTONWOOD TRL
City-St-Zip: SARASOTA, FL 34232

Title: TD () Delete
Name: GRECO, SAM
Address: 1502 COTTONWOOD TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: PD () Delete
Name: PENNEY, RICHARD
Address: 1752 OAKS LAKES DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: CONNER, JOHN
Address: 1843 COTTONWOOD TERRACE
City-St-Zip: SARASOTA, FL 34232

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GIRARD, CATHRYN
Address: 4337 OAK VIEW DR
City-St-Zip: SARASOTA, FL 34232

Title: VPD (X) Change () Addition
Name: BOSTROM, LARRY
Address: 1822 COTTONWOOD TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: SD (X) Change () Addition
Name: PENNEY, RICHARD
Address: 1752 OAKS LAKES DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PHILLIPS, CRAIG
Address: 1724 OAK LANES DR
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHRYN GIRARD

PD

03/06/2006

Electronic Signature of Signing Officer or Director

Date