2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N09479



FILED Apr 28, 2003 8:00 am Secretary of State

1. Entity Nar	ne				4 4 3 3		04-28-2003	90409 (000	.43
LAKES ES	states homeown	ers associati	ON, INC.							
Principal Plac	ce of Business	Mailin	ng Address							
630 S. ORANG			WEST SR 434					: `		
SUITE 102			SUITE 5000							
SARASOTA FL	. 34236	LONGV	WOOD FL 32779-5044		ĺ	\$ 10 0 N 1 1 0 N	ERRIG MAINT BURNING NO BU		ON DIEN EIGH EIG	
	Place of Business	3. Ma	iling Address							
	W SR 434									•
Suite, Apt. #, etc. SUITE 5000		Su	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State LONGWOOD FL		Ci	City & State			4. FEI Number	59-2554656	_		pplied For ot Applicable
Zip	Country US	Zi	p	Country		5. Certificate of	Status Desired		\$8.75 Add	
	6. Name and Address	of Current Registere	ed Agent	<u> </u>		7. Name and A	ddress of New F	Registered	Agent	
630 S OI STE 102 SARASO	KEEPERS RANGE AVE TA FL 34236 e named entity submits this	·		SEN 2180 LONG	TRY MA D W SE GWOOD	HART JR ANAGEMENT R 434 STE FL 3277	5000 9		62-111	-
	e named entity submits this tions of registered agent.	statement for the purp	oose of changing its	registered office o	r registere	ed agent, or both,	in the State of Fi	orida. Farr	ı iamıllar witn,	and accept
the obliga										ļ
the obliga		· -A 1	L				/ /	f		1
the obliga		Dal	t				4/21/	<i>v</i> 3		
	Signature, typed or printed name of	registered agent and title if app	plicable. (NOTE	: Registered Agent signat	nte tedrited A	when reinstating)	4/21/	U3 DATE		
SIGNATURE			·	npaign Financing		\$5.00 May Be Added to Fees	Ma	DATE	ck Payable	
SIGNATURE	Signature, typed or printed name of FILE NOW: FEE IS \$		9. Election Carr Trust Fund C	npaign Financing		\$5.00 May Be	Ma Flori	tke Chec da Depa	rtment of S	State 10
SIGNATURE	FILE NOW: FEE IS \$ OFFICE	61.25	9. Election Carr Trust Fund C	npaign Financing ontribution.	AI	\$5.00 May Be Added to Fees	Ma Flori	tke Chec da Depa	rtment of S	State
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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: