

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90056 012 ****61.25

DOCUMENT # N10628

1. Entity Name

**LAKES AT BOCA RATON HOMEOWNER'S ASSOCIATION,
INC**



Principal Place of Business

**10551 LAKES AT BOCA BLVD
CLUBHOUSE OFFICE
BOCA RATON, FL 33498**

Mailing Address

**10551 LAKES AT BOCA BLVD
CLUBHOUSE OFFICE
BOCA RATON, FL 33498**

DO NOT WRITE IN THIS SPACE



04042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2620244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAMMEL, EDWARD
C/O SACHS, SAX KLEIN
301 YAMATO RD, SUITE 4150
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MILLER, FRANK
STREET ADDRESS	18639 ANCHOR DR.
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	P
NAME	MCCARLEY, RICK
STREET ADDRESS	10304 ISLANDER DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	VD
NAME	LUNGARINI, MIKE
STREET ADDRESS	10738 SEA CLIFF CIR
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	VP
NAME	AQUILINA, VINCENT
STREET ADDRESS	10790 CRESENDO CIR
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	T
NAME	BURNETT, IRIS
STREET ADDRESS	18636 CAPE SABLE DR
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	D
NAME	DUBOIS, BARBARA
STREET ADDRESS	10273 WINDSWEPT PLACE
CITY-ST-ZIP	BOCA RATON, FL 33498

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10th APRIL 2008.

Date

Daytime Phone #