

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90025 044 ****70.00

DOCUMENT # N12930 1. Entity Name LAKES AT LEESBURG RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 107 BUCCANEER DRIVE LEESBURG, FL 34788			Mailing Address 107 BUCCANEER DR LEESBURG, FL 34788 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2623495	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNOLD, JOYCE M 66 LATTICE DR. LEESBURG, FL 34788			7. Name and Address of New Registered Agent Name <u>WILLIAM P. GREANEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>35 BAYBERRY DRIVE</u> City <u>LEESBURG</u> <u>FL</u> Zip Code <u>34788</u>		
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 <u>WILLIAM P. GREANEY, TREASURER William P. Greaney</u> <u>01-15-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, JOYCE M		NAME	VERNE CORKUM	
STREET ADDRESS	66 LATTICE DR.		STREET ADDRESS	169 SEA FERN DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNELL, ETTA		NAME	GEORGE HIPSLEY	
STREET ADDRESS	25 SUGARBOAT DR.		STREET ADDRESS	23 BAHIA WAY	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, JANET		NAME	DAUNE GAYLOR	
STREET ADDRESS	85 LATTICE DRIVE		STREET ADDRESS	104 SEA FERN DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREANEY, WILLIAM		NAME		
STREET ADDRESS	35 BAYBERRY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRILL, CONRAD		NAME	LAVAUGHN FOSTER	
STREET ADDRESS	151 SEA FERN DRIVE		STREET ADDRESS	91 LATTICE DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUTOS, ALEX		NAME		
STREET ADDRESS	138 BUCCANEER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
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: <u>WILLIAM P. GREANEY William P. Greaney</u> <u>01-15-08</u> <u>352-738-0972</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					