


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90226 008 \*\*\*\*61.25


<b>DOCUMENT # N27733</b>	
1. Entity Name <b>THE LAKES OF SUTTON PLACE HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O GLEN MANAGEMENT SERVICE 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432</b>	Mailing Address <b>C/O GLEN MANAGEMENT SERVICE 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432</b>
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2. Principal Place of Business - No P.O. Box # <b>C/O Prime Management Suite, Apt. #, etc. 6300 PARK OF COMMERCE BLVD City &amp; State BOCA RATON, FL Zip 33487</b>	3. Mailing Address <b>C/O Prime Management Suite, Apt. #, etc. 6300 PARK OF COMMERCE BLVD City &amp; State BOCA RATON FL Zip 33487</b>
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6. Name and Address of Current Registered Agent <b>GLEN, ANDERW C C/O GLEN MANAGEMENT SERVICES, INC 301 W CAMINO GARDENS BLVD SUITE 200 BOCA RATON, FL 33486</b>	
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**40084000**



03282007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0085121</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent Name <b>DRELIAS Neuren</b> Street Address (P.O. Box Number is Not Acceptable) <b>5800 BRIDLEWAY CIRCLE</b> City <b>BOCA RATON</b> FL Zip Code <b>33496</b>	
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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 *Elias Neuren* DATE 4/16/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAFER, DAVID 5890 BRIDLEWAY CIRCLE BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EUGENE LERNER 17299 BRIDLEWAY TRAIL BOCA RATON, FL 33496	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREED, LEONARD 17420 BRIDLEWAY TR BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL NOLLER 17281 BRIDLEWAY TRAIL BOCA RATON, FL 33496	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEUREN, DR. ELIAS 5800 BRIDLEWAY CIRCLE BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN ROSINSKY 17390 BRIDLEWAY TRAIL BOCA RATON, FL 33496	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDBLATT, DAVID 5841 BRIDLEWAY CIRCLE BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURT SATZBERG 5790 BRIDLEWAY CIRCLE BOCA RATON, FL 33496	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANN, EARL 5880 BRIDLEWAY CIRCLE BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAPIRO, JOEL 5831 BRIDLEWAY CIRCLE BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: *Elias Neuren* DATE 4/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR