


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90025 002 ****61.25

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|--|---|---|--|--|--|
| DOCUMENT # N32023 1. Entity Name LAKEFIELD SOUTH HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business C/O GRS MANAGEMENT ASSOC. 3900 WOODLAKE BLVD., STE 309 LAKE WORTH, FL 33463 US | | | Mailing Address C/O GRS MANAGEMENT ASSOC. 3900 WOODLAKE BLVD., STE 309 LAKE WORTH, FL 33463 US | | |
| 2. Principal Place of Business - No P.O. Box # <i>C/o Capital Realty Advisors</i> Suite, Apt. #, etc. 600 Sandtree Dr #109 City & State PDB, FL Zip 33403 Country USA | | | | 3. Mailing Address <i>C/o Capital Realty Advisors</i> Suite, Apt. #, etc. 600 Sandtree Dr #109 City & State PDB, FL Zip 33403 Country USA | |
| 4. FEI Number 65-0124992 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 03252008 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent LADWIG, PATTI H ESQ. WELLINGTON COUNTRY PLAZA 12765 W FOREST HILL BLVD STE 1317 WELLINGTON, FL 33414 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP | SD COPELAND, DON 2188 COUNTRY GOLF DR WELLINGTON, FL 33414 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President michele Easton 15072 Corby Court Wellington, FL 33414 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PUGLISI, ROBERT 2661 NEATON COURT WELLINGTON, FL 33414 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Tres Joe Iacofoli 15096 Corby Court Wellington, FL 33414 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PAQUIN, WILLIAM 2581 NEATON COURT WELLINGTON, FL 33414 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Richard Gonzalez Sec 2662 COUNTRY GOLF DR Wellington FL 33414 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD NIEBLING, CHRIS 2700 NEATON COURT WELLINGTON, FL 33414 | <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 | D DOHERTY, JOHN 2640 NEATON CT WELLINGTON, FL 33414 | <input 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 | <input 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: <i>Michele A Easton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <i>3/27/08</i> <small>Date Daytime Phone #</small> | | |