2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N34694

Entity Name: THE LAKES, UNIT 2, PHASE 2 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PBM
5901 SUN BLVD STE 203
ST PETERSBURG, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

PBM
5901 SUN BLVS STE 203
ST PETERSBURG, FL 33715 US

New Mailing Address:

FEI Number: 59-2981001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PBM
5901 SUN BLVD STE 203
ST PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: COMBS, PAM
Address: 5901 SUN BLVD, SUITE 203
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete
Name: HOOD, BYRON
Address: 5901 SUN BLVD 203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D ( ) Delete
Name: FOLSUM, WALLACE
Address: 5901 SUN BLVD 203
City-St-Zip: ST PETERSBURG, FL 33715

Title: P ( ) Delete
Name: OLSON, GEORGE
Address: 5901 SUN BLVD. 203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: EHRMAN, HENRY
Address: 5901 SUN BLVD. 203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D ( ) Change (X) Addition
Name: LIGON, LARRY
Address: 5901 SUN BLVD. 203
City-St-Zip: SAINT PETERSBURG, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WCN RA 01/27/2009

Electronic Signature of Signing Officer or Director — Date