



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90016 024 ****61.25

DOCUMENT # N95000002338					
1. Entity Name THE LAKES AT PARKLAND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O INTEGRITY PROPERTY MGT. 953 UNIVERSITY DR. CORAL SPRINGS, FL 33071 US			Mailing Address C/O INTEGRITY PROPERTY MGT. 953 UNIVERSITY DR. CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 65-0673022	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTEGRITY PROPERTY MANAGEMENT, INC. 953 UNIVERSITY DR. CORAL SPRINGS, FL 33071			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 ZELTWANGER, KIM 6062 NW 77TH DR PARKLAND, FL 33067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EARL Wescott 6007 NW 97 Drive Parkland Vice President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CIMBAL, JEFREY 7553 NW 60TH LANE PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joel Kammerman 7626 NW 60 LN Parkland FL 33067 Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATTON, KEVIN F 6065 NW 75TH CT PARKLAND, FL 33067	<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	P KLINE, KEVIN 7806 NW 60 LANE PARKLAND, FL 33067	<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
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: <u>Joe Key, Agent</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/2/06 954-346-0672 <small>Date Daytime Phone #</small>	