

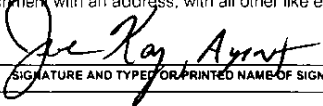


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90064 003 \*\*\*\*61.25

|   |                    |   |   |  |  |
|---|--------------------|---|---|--|--|
| <b>DOCUMENT # N95000002338</b>  |                    |   |   |                       |  |
| <b>1. Entity Name</b><br>THE LAKES AT PARKLAND HOMEOWNERS ASSOCIATION, INC.   |                    |   |   |  |  |
| <b>Principal Place of Business</b><br>C/O INTEGRITY PROPERTY MGT.<br>953 UNIVERSITY DR.<br>CORAL SPRINGS, FL 33071 US   |                    |   | <b>Mailing Address</b><br>C/O INTEGRITY PROPERTY MGT.<br>953 UNIVERSITY DR.<br>CORAL SPRINGS, FL 33071 US |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                    | <b>3. Mailing Address</b>   |   | <b>40013121</b><br>  |  |
| Suite, Apt. #, etc.   |                    | Suite, Apt. #, etc.   |   | 01152007 Chg-NP CR2E037 (12/06)  |  |
| City & State  |                    | City & State  |   | <b>4. FEI Number</b><br>65-0673022   |  |
| Zip   |                    | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>INTEGRITY PROPERTY MANAGEMENT, INC.<br>953 UNIVERSITY DR.<br>CORAL SPRINGS, FL 33071  |                    |   | <b>7. Name and Address of New Registered Agent</b>  |  |  |
|   |                    |   | Name  |  |  |
|   |                    |   | Street Address (P.O. Box Number is Not Acceptable)  |  |  |
|   |                    |   | City  |  |  |
|   |                    |   | FL Zip Code   |  |  |
| <b>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.</b>  |                    |   |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent Signature required when re-registering) DATE _____  |                    |   |   |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |                    | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                    |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE   | SD                 | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  | ZELTWANGER, KIM    |   | NAME  |  |  |
| STREET ADDRESS  | 6062 NW 77TH DR    |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | PARKLAND, FL 33067 |   | CITY-ST-ZIP   |  |  |
| TITLE   | T                  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  | KAMMERMAN, JOEL    |   | NAME  |  |  |
| STREET ADDRESS  | 7626 NW 60TH LN    |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | PARKLAND, FL 33067 |   | CITY-ST-ZIP   |  |  |
| TITLE   | D                  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  | HATTON, KEVIN F    |   | NAME  |  |  |
| STREET ADDRESS  | 6065 NW 75TH CT    |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | PARKLAND, FL 33067 |   | CITY-ST-ZIP   |  |  |
| TITLE   | P                  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  | KLINE, KEVIN       |   | NAME  |  |  |
| STREET ADDRESS  | 7806 NW 60 LANE    |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | PARKLAND, FL 33067 |   | CITY-ST-ZIP   |  |  |
| TITLE   | VP                 | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  | WESCOTT, EARL      |   | NAME  |  |  |
| STREET ADDRESS  | 6007 NW 97 DR      |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | PARKLAND, FL 33067 |   | CITY-ST-ZIP   |  |  |
| TITLE   |                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  |                    |   | NAME  |  |  |
| STREET ADDRESS  |                    |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                    |   | CITY-ST-ZIP   |  |  |
| <b>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.</b> |                    |   |   |  |  |
| <b>SIGNATURE:</b>    |                    |   | 2/8/07 954 344-0677   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                    |   | Date Daytime Phone #  |  |  |