



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90066 029 \*\*\*\*61.25

<b>DOCUMENT # N95000002338</b> 1. Entity Name <b>THE LAKES AT PARKLAND HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O INTEGRITY PROPERTY MGT. 953 UNIVERSITY DR. CORAL SPRINGS, FL 33071 US</b>			Mailing Address <b>C/O INTEGRITY PROPERTY MGT. 953 UNIVERSITY DR. CORAL SPRINGS, FL 33071 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		01082008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>65-0673022</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>INTEGRITY PROPERTY MANAGEMENT, INC. 953 UNIVERSITY DR. CORAL SPRINGS, FL 33071</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ZELTWANGER, KIM</b> <b>6062 NW 77TH DR</b> <b>PARKLAND, FL 33067</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KAMMERMAN, JOEL</b> <b>7626 NW 60TH LN</b> <b>PARKLAND, FL 33067</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HATTON, KEVIN F</b> <b>6065 NW 75TH CT</b> <b>PARKLAND, FL 33067</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KLINE, KEVIN</b> <b>7806 NW 60 LANE</b> <b>PARKLAND, FL 33067</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WESCOTT, EARL</b> <b>6007 NW 97 DR</b> <b>PARKLAND, FL 33067</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP D</b> <b>Hatton, Kevin F</b> <b>6065 NW 75th Ct.</b> <b>Parkland, FL 33067</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Robert Friedman</b> <b>7686 NW 60th Ln</b> <b>Parkland, FL 33067</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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>SIGNATURE:</b> <i>Kevin Kline</i> <i>4/15/08</i> <i>954-3415-1296</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					