2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N95000002338

Entity Name: THE LAKES AT PARKLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRITY PROPERTY MGT.
953 UNIVERSITY DR.
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRITY PROPERTY MGT.
953 UNIVERSITY DR.
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0673022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTEGRITY PROPERTY MANAGEMENT, INC.
953 UNIVERSITY DR.
CORAL SPRINGS, FL 33071 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: SD ( ) Delete
Name: ZELTWANGER, KIM
Address: 6062 NW 77TH DR
City-St-Zip: PARKLAND, FL 33067

Title: T ( ) Delete
Name: KAMMERMAN, JOEL
Address: 7626 NW 60TH LN
City-St-Zip: PARKLAND, FL 33067

Title: VPD ( ) Delete
Name: HATTON, KEVIN F
Address: 6065 NW 75TH CT
City-St-Zip: PARKLAND, FL 33067

Title: P ( ) Delete
Name: KLINE, KEVIN
Address: 7806 NW 60 LANE
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete
Name: FRIEDMAN, ROBERT
Address: 7686 NW 60TH LANE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: KAMMERMAN, JOEL
Address: 7626 NW 60TH LN
City-St-Zip: PARKLAND, FL 33067

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

Title: PD (X) Change ( ) Addition
Name: KLINE, KEVIN
Address: 7806 NW 60 LANE
City-St-Zip: PARKLAND, FL 33067

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

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: KEVIN KLINE PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date