# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2008**
**Secretary of State**

DOCUMENT# N97000005754

**Entity Name:** THE LAKES OF WELLINGTON PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

**New Principal Place of Business:**

**Current Mailing Address:**

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

**New Mailing Address:**

**FEI Number: 59-3491173** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LELAND MANAGEMENT
5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 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: DT ( ) Delete
Name: O'CONNOR, JENNIFER
Address: 1101 OXBRIDGE DRIVE
City-St-Zip: LUTZ, FL 33549 US

Title: DV ( ) Delete
Name: EADE, CHARLES
Address: 19801 WETHERBY LANE
City-St-Zip: LUTZ, FL 33549 US

Title: DS ( ) Delete
Name: WARD, DENISE
Address: 1302 OXBRIDGE DRIVE
City-St-Zip: LUTZ, FL 33549 US

Title: DP ( ) Delete
Name: MARTELLO, KEVIN
Address: 1211 OXBRIDGE DRIVE
City-St-Zip: LUTZ, FL 33549 US

Title: D ( ) Delete
Name: MAC GREGOR, NIKKI
Address: 1315 OXBRIDGE DRIVE
City-St-Zip: LUTZ, FL 33549 US

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

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 MARTELLO P 04/30/2008

Electronic Signature of Signing Officer or Director — Date