2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006257

FILED Mar 27, 2009 Secretary of State

Entity Name: THE LAKES AT THREE OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6719 WINKLER RD C/O ALLIANT PROPERTY MANAGEMENT, LLC

6719 WINKLER ROAD, SUITE 200 STE 200

FT MYERS, FL 33919 FT MYERS, FL 33919

New Mailing Address: **Current Mailing Address:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER RD

6719 WINKLER ROAD, SUITE 200 STE 200 FT MYERS, FL 33919

FT MYERS, FL 33919

FEI Number: 65-0830705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALLIANT PROPERTY MANAGEMENT LLC ALLIANT PROPERTY MANAGEMENT LLC 6719 WINKLER RD STE 200 6719 WINKLER ROAD

FT MYERS, FL 33919 SUITE 200 FT MYERS, FL 33919 US

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: JOHN M. STROHM, AGENT 03/27/2009

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ALLOWAY, WES MEYER, DENNIS Name: Name: 17521 STEPPING STONE DR Address: 9061 PITTSBURGH BLVD. Address:

City-St-Zip: FORT MYERS, FL 33967 City-St-Zip: FORT MYERS, FL 33967

Title: TSD () Delete Title: PD (X) Change () Addition MABREY, BEN Name: MABREY, BEN Name:

Address: 9160 KINGS COVE CT Address: 9160 KING'S COVE COURT City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33967

Title: () Delete Title: TSD (X) Change () Addition CANTEBURY, MARY Name: HOMAN, DEAN Name:

17942 OAKMONT RIDGE CIRCLE 17708 OAKMONT RIDGE CIRCLE Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33967

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: BEN MABREY PD 03/27/2009