2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004785

FILED Apr 15, 2008 Secretary of State

Entity Name: LAKES LARGO'S HOME OWNER'S ASSOCIATION, INC.

		of Business:	New Princ	cipal Place of Business:
CRESTVIE	RRO CAMINO EW, FL 32539	US		
Current M	lailing Address	s:	New Maili	ing Address:
	RRO CAMINO EW, FL 32539	US		
FEI Number:	: 59-3381740	FEI Number Applied For ()	FEI Number Not App	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
14 DEĽ CE	HARLES A ESC ERRO CAMINO EW, FL 32539			
	named entity so e of Florida.	ubmits this statement for the	e purpose of changing i	its registered office or registered agent, or both,
SIGNATU				
	Electroni	c Signature of Registered A	gent	Date
OFFICERS	S AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address:	O () LYNCH, MARK R 5 DEL CERRO O	Delete R	Title: Name:	() Change () Addition
	CRESTVIEW, FL		Address: City-St-Zip:	
City-St-Zip: Title: Name: Address: City-St-Zip:	CRESTVIEW, FL	. 32539 US Delete Y XMINO	Address:	VP (X) Change () Addition BERGSCHNEIDER, DANIEL NEWPORT DR. CRESTVIEW, FL 32539 US
City-St-Zip: Title: Name: Address:	CRESTVIEW, FL VP () JOHNSON, GAR 8 DEL CERRO C CRESTVIEW, FL	L 32539 US Delete Y CAMINO L 32539 US Delete M CAMINO	Address: City-St-Zip: Title: Name: Address:	BERGSCHNEIDER, DANIEL NEWPORT DR.
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	CRESTVIEW, FL	Delete Y CAMINO Delete M CAMINO Delete M CAMINO Delete M CAMINO Delete M CAMINO Delete REV. CAMINO	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BERGSCHNEIDER, DANIEL NEWPORT DR. CRESTVIEW, FL 32539 US

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: MARK LYNCH PRES 04/15/2008