2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2005
Secretary of State

DOCUMENT# N98000006001

Entity Name: THE LAKES OF LADY LAKE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1411 MEADOW VIEW WAY
LADY LAKE, FL 321592536

New Principal Place of Business:

Current Mailing Address:

1411 MEADOW VIEW WAY
LADY LAKE, FL 321592536

New Mailing Address:

FEI Number: 59-3551293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NESBITT, ROBERT A
1411 MEADOW VIEW WAY
LADY LAKE, FL 321592536 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: DVP ( ) Delete
Name: HEFNER, MICHAEL
Address: 1414 MEADOW VIEW WAY
City-St-Zip: LADY LAKE, FL 32159

Title: DS ( ) Delete
Name: PHELPS, PAUL.INE
Address: 584 DOWLING CIR.
City-St-Zip: LADY LAKE, FL 32159

Title: DT ( ) Delete
Name: HUFFMAN, LOUISE
Address: 569 DOWLING CIR.
City-St-Zip: LADY LAKE, FL 32159

Title: DD (X) Delete
Name: SHORT, OWEN
Address: 594 DOWLING CIRCLE
City-St-Zip: LADY LAKE, FL 32159

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT A. NESBITT PRES 01/08/2005

Electronic Signature of Signing Officer or Director — Date