


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000005906 1. Entity Name TEN LAKES ESTATES OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 80 S SHORELINE CIRCLE DEFUNIAK SPRINGS, FL 32433	Mailing Address 80 S SHORELINE CIRCLE DEFUNIAK SPRINGS, FL 32433
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DO NOT WRITE IN THIS SPACE



01272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3715096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LYNCH, PATRICIA A 80 S SHORELINE CIRCLE DEFUNIAK SPRINGS, FL 32433
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, BENNIE 1031 PINEWOOD DR DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAW, ROBERT 569 PINEWOOD DRIVE DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAW, BEVERLY 569 PINEWOOD DR. DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYNCH, PATRICIA 80 SOUTH SHORELINE CIRCLE DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000819109 02/15/08-80067-014 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Patricia A. Lynch</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>1-29-08</i> <small>Date</small>	<i>850-830-5877</i> <small>Daytime Phone #</small>
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PATRICIA A. LYNCH