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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21533** (7)

1. Corporation Name

**LAKE ESTATES III OF SARASOTA HOMEOWNERS ASSOCIA
TION, INC.**

Principal Place of Business

Mailing Address

**630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236**

**630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236**

3. Date Incorporated or Qualified

07/10/1987

4. FEI Number

59-2840935

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDO KEEPERS, INC.
630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **BILL LINDBERG**
STREET ADDRESS **4731 EAST TRAILS DV**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **P D** ☒ Change ☐ Addition
1.2 NAME **PETER SWYDER**
1.3 STREET ADDRESS **4715 E. TRAILS DRIVE**
1.4 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **VD** ☐ DELETE
NAME **SNYDER, PETER**
STREET ADDRESS **4715 TRAILS DR**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **MARK ROTH**
2.3 STREET ADDRESS **4419 OAK VIEW DRIVE**
2.4 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☒ DELETE
NAME **PEG TONN**
STREET ADDRESS **4458 OAKVIEW DR**
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE **TRES.** ☐ Change ☒ Addition
3.2 NAME **JOEL SMOLKA**
3.3 STREET ADDRESS **4718 E. TRAILS DRIVE**
3.4 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **T** ☒ DELETE
NAME **JANSEN, CHUCK**
STREET ADDRESS **4811 TRAILS DRIVE**
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE **Sec.** ☐ Change ☒ Addition
4.2 NAME **SKIP OGODA**
4.3 STREET ADDRESS **4705 E. TRAILS DRIVE**
4.4 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VP** ☒ DELETE
NAME **POWELL, KATHLEEN**
STREET ADDRESS **4814 TRAILS DR**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **MARCIANNE DAVIS**
5.3 STREET ADDRESS **4395 OAK VIEW DRIVE**
5.4 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VP** ☐ DELETE
NAME **ROTH, MARK**
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARK ROTH

4/9/98

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