

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21533

1. Entity Name

LAKES ESTATES III OF SARASOTA HOMEOWNERS ASSOCIA

Principal Place of Business

Mailing Address

630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236

630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236-7504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2840935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS WOODS, TRENT
CITY-ST-ZIP 1546 OAK WAY
SARASOTA FL 34232

TITLE ☐ Change ☒ Addition
NAME PRESIDENT / DIRECTOR
STREET ADDRESS DAVID ZIMMERMAN
CITY-ST-ZIP 1534 OAK WAY
SARASOTA, FL 34232

TITLE ☐ Delete
NAME TD
STREET ADDRESS DENIS, BRUCE
CITY-ST-ZIP 1545 OAK WAY
SARASOTA FL 34232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME UPD
STREET ADDRESS BREWER, WILLIAM
CITY-ST-ZIP 4419 OAK VIEW DR
SARASOTA FL 34232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME PD
STREET ADDRESS DOGOPA, SKIP
CITY-ST-ZIP 4705 E. TRAILS DR
SARASOTA FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS DAVIS, CAROLINE
CITY-ST-ZIP 4395 OAK VIEW DRIVE
SARASOTA FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90121 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)