

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21533

**FILED**  
**Mar 17, 2004**  
**Secretary of State****Entity Name:** LAKES ESTATES III OF SARASOTA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2180 W. STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044**New Principal Place of Business:****Current Mailing Address:**2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044**New Mailing Address:****FEI Number:** 59-2840935**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HART, JAMES W JR.  
SENTRY MANAGEMENT, INC.  
2180 W. STATE ROAD 434 STE. 5000  
LONGWOOD, FL 32779 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:** PD ( ) Delete  
**Name:** MACAULAY, DELMAR  
**Address:** 4731 E. TRAILS DRIVE  
**City-St-Zip:** SARASOTA, FL 34232**Title:** VPD ( ) Delete  
**Name:** CLEGG, C.B.  
**Address:** 4738 E. TRAILS DRIVE  
**City-St-Zip:** SARASOTA, FL 34232**Title:** SD ( ) Delete  
**Name:** ZACCAGNINO, ANDREW  
**Address:** P.O. BOX 51472  
**City-St-Zip:** SARASOTA, FL 34232**Title:** TD ( ) Delete  
**Name:** PETERS, MATTHEW  
**Address:** 4475 OAK VIEW DIVE  
**City-St-Zip:** SARASOTA, FL 34232**Title:** D ( ) Delete  
**Name:** WEINSTEIN, LEON  
**Address:** 4618 TRAILS DRIVE  
**City-St-Zip:** SARASOTA, FL 34232**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** ZACCAGNINO, ANDREW  
**Address:** PO BOX 51472  
**City-St-Zip:** SARASOTA, FL 34232**Title:** VPD (X) Change ( ) Addition  
**Name:** HARRIMAN, TOM  
**Address:** 1510 OAK WAY  
**City-St-Zip:** SARASOTA, FL 34232**Title:** SD (X) Change ( ) Addition  
**Name:** KELLEY, JIM  
**Address:** 4615 TRAILS DR  
**City-St-Zip:** SARASOTA, FL 34232**Title:** TD (X) Change ( ) Addition  
**Name:** STOLLER, COLLEEN  
**Address:** 4409 OAK VIEW DR  
**City-St-Zip:** SARASOTA, FL 34232**Title:** D (X) Change ( ) Addition  
**Name:** BOWERS, MARK  
**Address:** 1633 S OAK CIR  
**City-St-Zip:** SARASOTA, FL 34232

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: ANDREW ZACCAGNINO

PD

03/17/2004

Electronic Signature of Signing Officer or Director

Date