

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21533

FILED
Feb 21, 2005
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: ZACCAGNINO, ANDREW
Address: PO BOX 51472
City-St-Zip: SARASOTA, FL 34232

Title: VPD () Delete
Name: HARRIMAN, TOM
Address: 1510 OAK WAY
City-St-Zip: SARASOTA, FL 34232

Title: SD () Delete
Name: KELLEY, JIM
Address: 4615 TRAILS DR
City-St-Zip: SARASOTA, FL 34232

Title: TD () Delete
Name: STOLLER, COLLEEN
Address: 4409 OAK VIEW DR
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: BOWERS, MARK
Address: 1633 S OAK CIR
City-St-Zip: SARASOTA, FL 34232

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:

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: ANDREW ZACCAGNINO

PD

02/21/2005

Electronic Signature of Signing Officer or Director

Date