

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90006 016 \*\*\*\*70.00

DOCUMENT # 726679

1. Corporation Name

LAKE SARASOTA COMMUNITY ASSOCIATION, INC.

Principal Place of Business

5824 BEE RIDGE ROAD  
SUITE 159  
SARASOTA FL 34233

Mailing Address

5824 BEE RIDGE ROAD  
SUITE 159  
SARASOTA FL 34233



2. Principal Place of Business

21 5824 BEE RIDGE ROAD

Suite, Apt. #, etc.

22 PMB #159

City & State

23 SARASOTA, FL

Zip

24 34233

Country

25

2a. Mailing Address

26 5824 BEE RIDGE ROAD

Suite, Apt. #, etc.

27 PMB #159

City & State

28 SARASOTA, FL

Zip

29 34233

Country

30

3. Date Incorporated or Qualified

06/12/1973

4. FEI Number

59-2353864

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

DORION, PAT  
6431 FRIENDSHIP DR  
\*\*\*\*\*  
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name

CHARLES ANNIS

82

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

4034 LANCASTER DRIVE

83

84

City SARASOTA

FL

85 Zip Code  
34241

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

CHARLES ANNIS, PRESIDENT

07/12/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE

NAME CALLENDER, MOLLY  
STREET ADDRESS 6439 FRIENDSHIP DR  
CITY-ST-ZIP SARASOTA FL 34241

TITLE T ☒ DELETE

NAME ORR, LAUREN  
STREET ADDRESS 6325 JARVIS RD  
CITY-ST-ZIP SARASOTA-FL

TITLE S ☒ DELETE

NAME DAVIS, DUANE  
STREET ADDRESS 4014 HONOLULU DR  
CITY-ST-ZIP SARASOTA FL 34241

TITLE P ☒ DELETE

NAME DORION, PAT  
STREET ADDRESS 6431 FRIENDSHIP DR  
CITY-ST-ZIP SARASOTA FL

TITLE D ☒ DELETE

NAME BECKER, KATHY  
STREET ADDRESS 4117 HONOLULU DR  
CITY-ST-ZIP SARASOTA FL 34241

TITLE D ☒ DELETE

NAME BRIEFMAN, NANCY  
STREET ADDRESS 6770 MAUNA LOA BLVD  
CITY-ST-ZIP SARASOTA FL 34241

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME CHARLES ANNIS  
1.3 STREET ADDRESS 4034 LANCASTER DRIVE  
1.4 CITY-ST-ZIP SARASOTA, FL 34241

2.1 TITLE V/D ☒ Change ☐ Addition

2.2 NAME RENE LONGPRE  
2.3 STREET ADDRESS 4051 LANCASTER DRIVE  
2.4 CITY-ST-ZIP SARASOTA, FL 34241

3.1 TITLE S/D ☒ Change ☐ Addition

3.2 NAME CHRISTINE DERMODY  
3.3 STREET ADDRESS 4018 LANCASTER DRIVE  
3.4 CITY-ST-ZIP SARASOTA, FL 34241

4.1 TITLE T/D ☒ Change ☐ Addition

4.2 NAME MELISSA DOWNIE  
4.3 STREET ADDRESS 4135 LANCASTER DRIVE  
4.4 CITY-ST-ZIP SARASOTA, FL 34241

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME JOANNA KILMER  
5.3 STREET ADDRESS 4039 WESTMINSTER DRIVE  
5.4 CITY-ST-ZIP SARASOTA, FL 34241

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME WILLARD KILMER  
6.3 STREET ADDRESS 4039 WESTMINSTER DRIVE  
6.4 CITY-ST-ZIP SARASOTA, FL 34241

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

07/12/99

Date

Daytime Phone #

CR2E037 (5/99)