

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90040 016 \*\*\*\*61.25

<b>DOCUMENT # 728351</b>					
1. Entity Name <b>SARALAKE ESTATES RESIDENT ASSOCIATION, INC.</b>					
Principal Place of Business <b>SARALAKE ESTATES 3190 BAHIA VISTA ST. SARASOTA, FL 34239 US</b>			Mailing Address <b>MARTHA L. COLBERT ANN KRAMPITS 3026 SARALAKE DR. N SARASOTA, FL 34239 US</b>		
2. Principal Place of Business			3. Mailing Address <b>A. KRAMPITS 3026 SARALAKE DR. N</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2348613</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LEHMAN, VERNE 3038 VIOLA DRIVE SARASOTA, FL 34239</b>			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCDERMITT, RICHARD</b>		NAME		
STREET ADDRESS	<b>3135 SARALAKE DR N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HARRINGTON, JACK</b>		NAME		
STREET ADDRESS	<b>3018 JOLINE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANDRETH, ROBERT</b>		NAME	<b>SCHLABACH, LOIS</b>	
STREET ADDRESS	<b>3005 SARALAKE BLVD</b>		STREET ADDRESS	<b>2909 SARALAKE DR. S.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KRAMPITS, ANN</b>		NAME		
STREET ADDRESS	<b>3026 SARALAKE DR N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HARRINGTON, JACK</b>		NAME		
STREET ADDRESS	<b>3018 JOLINE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PINCH, JEAN</b>		NAME		
STREET ADDRESS	<b>2870 SARALAKE DRIVE SOUTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>		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: 			032105		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 040905 Daytime Phone #		