


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90069 042 \*\*\*\*61.25

<b>DOCUMENT # 728351</b>	
1. Entity Name <b>SARALAKE ESTATES RESIDENT ASSOCIATION, INC.</b>	

Principal Place of Business <b>3026 SARALAKE DR N SARASOTA FL 34239 US</b>	Mailing Address <b>3026 SARALAKE DR N SARASOTA FL 34239 US</b>
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2. Principal Place of Business <i>2855 Saralake Dr. S.</i>	3. Mailing Address <i>2855 Saralake Dr. S.</i>
Suite, Apt. #, etc. <i>Sarasota</i>	Suite, Apt. #, etc.
City & State <i>FL.</i>	City & State <i>Sarasota FL</i>
Zip <i>34239</i>	Country <i>U.S.</i>

1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-2348613</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
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 <b>FL</b> 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 *Verne Lehman* **VERNE LEHMAN 2-6-06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCDERMITT, RICHARD</b> <b>3135 SARALAKE DR N</b> <b>SARASOTA FL 34239</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HARRINGTON, JACK</b> <b>3018 JOLINE DR</b> <b>SARASOTA FL 34239</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>President</i> <i>Verne Lehman</i> <i>3038 Viola Dr.</i> <i>Sarasota, FL 34239</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCHLABACH, LOIS</b> <b>2909 SARALAKE DR S</b> <b>SARASOTA FL 34239</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>V. President</i> <i>Mark Ruggieri</i> <i>3091 Saralake Blvd.</i> <i>Sarasota, FL 34239</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KRAMPITS, ANN</b> <b>3026 SARALAKE DR N</b> <b>SARASOTA FL 34239</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sec.</i> <i>John Moffitt</i> <i>3047 Viola Dr.</i> <i>Sarasota, FL 34239</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRINGTON, JACK</b> <b>3018 JOLINE DRIVE</b> <b>SARASOTA FL 34239</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Treas.</i> <i>Lillian Martin</i> <i>2855 Saralake Dr. S.</i> <i>Sarasota, FL 34239</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PINCH, JEAN</b> <b>2870 SARALAKE DRIVE SOUTH</b> <b>SARASOTA FL 34239</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>D</i> <i>Ealen Benner</i> <i>3113 Saralake Blvd.</i> <i>Sarasota, FL 34239</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>D</i> <i>Marlene Schmechel</i> <i>3017 Saralake Blvd.</i> <i>Sarasota, FL 34239</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Lillian M. Martin* **Lillian M. Martin 2-6-06 (941) 330-8435**