

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90107 047 ****61.25

DOCUMENT # 728351

1. Entity Name

SARALAKE ESTATES RESIDENT ASSOCIATION, INC.



Principal Place of Business

2855 SARALAKE DR S
SARASOTA FL 34239
US

Mailing Address

2855 SARALAKE DR S
SARASOTA FL 34239
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2348613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHMAN, VERNE
3038 VIOLA DRIVE
SARASOTA FL 34239

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEHMAN, VERNE	
STREET ADDRESS	3038 VIOLA DR	
CITY ST ZIP	SARASOTA FL 34239	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RUGGERI, FRANK	
STREET ADDRESS	3091 SARALAKE BLVD	
CITY ST ZIP	SARASOTA FL 34239	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MOFFITT, JOHN	
STREET ADDRESS	3047 VIOLA DR	
CITY ST ZIP	SARASOTA FL 34239	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, LILLIAN	
STREET ADDRESS	2855 SARALAKE DR S	
CITY ST ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNES, GALEN	
STREET ADDRESS	3113 SARALAKE BLVD	
CITY ST ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMECHER, MARLENE	
STREET ADDRESS	3017 SARALAKE BLVD	
CITY ST ZIP	SARASOTA FL 34239	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	V. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Hypek	
STREET ADDRESS	3018 Saralake Dr. N.	
CITY ST ZIP	Sarasota FL 34239	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvia Pinkerton	
STREET ADDRESS	3637 Saralake Dr. N.	
CITY ST ZIP	Sarasota, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eileen Benner	
STREET ADDRESS	3113 Saralake Blvd.	
CITY ST ZIP	Sarasota FL 34239	

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

2-5-07

(941) 330.8435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #