## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 728351**

FILED Jan 26, 2009 Secretary of State

Entity Name: SARALAKE ESTATES RESIDENT ASSOCIATION, INC.

Current P	Principal Place	of Rusiness:	New Principal 5	Place of Business:
		oi Dusiliess.	-	
	ALAKE DR. S. FA, FL 34239	US	3190 SARALAKE SARASOTA, FL	
Current N	lailing Address	s:	New Mailing Ac	ldress:
	ALAKE DR. S. FA, FL 34239	US	3161 SARALAKE SARASOTA, FL	
El Number	: 59-2348613	FEI Number Applied For ( )	FEI Number Not Applicable	( ) Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Addr	ess of New Registered Agent:
	LL ACAKE CIRCLE FA, FL 34239			
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing its reg	istered office or registered agent, or both,
SIGNATU				
	Electroni	c Signature of Registered Age	nt	Date
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTOR
Γitle:	P ()	Delete	T:41	( ) Ob ( ) 0 -l-1(t)
Name: Name: Nddress: City-St-Zip:	HAHN, BILL 3161 SARALAKE SARASOTA, FL	E CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
√ame: ∖ddress:	HAHN, BILL 3161 SARALAKE SARASOTA, FL	E CIRCLE 34239 Delete HY E DR. N	Name: Address: City-St-Zip: Title: VP Name: KOPI Address: 2866	(X) Change ( ) Addition  PES, WAYNE SARALAKE DR. S ASOTA, FL 34239
Name: Address: City-St-Zip: Fitle: Name: Address:	HAHN, BILL 3161 SARALAKE SARASOTA, FL VP () HYNEK, DOROT 3018 SARALAKE SARASOTA, FL	E CIRCLE 34239  Delete HY E DR. N 34239  Delete (LVIA E DR. N	Name: Address: City-St-Zip:  Title: VP Name: KOPI Address: 2866 City-St-Zip: SARA  Title: S Name: MILL Address: 3128	(X) Change()Addition PES, WAYNE SARALAKE DR. S
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	HAHN, BILL 3161 SARALAKE SARASOTA, FL  VP () HYNEK, DOROT 3018 SARALAKE SARASOTA, FL  S () PINKERTON, SY 3037 SARALAKE SARASOTA, FL	E CIRCLE 34239  Delete HY E DR. N 34239  Delete 'LVIA E DR N 34239  Delete R M A	Name: Address: City-St-Zip:  Title: VP Name: KOPI Address: 2866 City-St-Zip: SARA  Title: S Name: MILL Address: 3128	(X) Change ( ) Addition PES, WAYNE SARALAKE DR. S ASOTA, FL 34239  (X) Change ( ) Addition ER, FREEMAN SARALAKE DR S
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BILL HAHN P 01/26/2009