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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770346 (5)

1. Corporation Name

THE LAKES OF SARASOTA MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

630 S ORANGE AVE
STE 102
SARASOTA FL 34236
US

Mailing Address

630 S. ORANGE AVE.
STE #102
SARASOTA FL 34236-7504
US

3. Date Incorporated or Qualified
09/21/1983

3a. Date of Last Report
04/29/1996

4. FEI Number
59-2502633

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CONDO KEEPERS
630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PD
NAME TOWNER, MARGARET
STREET ADDRESS 4580 TRAILS DR
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE D
NAME SMITH, ELLEN
STREET ADDRESS 4388 TRAILS DRIVE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE D
NAME LEDHAR, LEONARE
STREET ADDRESS 4416 OAK VIEW DRIVE
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE STD
NAME MARTIN, ART
STREET ADDRESS 4360 TRAILS DR
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE D
NAME BOBISH, DAVID
STREET ADDRESS 1599 SUWANNEE COURT
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE D
NAME YARLETT, DAVID
STREET ADDRESS 4495 TRAIL DRIVE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Howard, Peter
1.3 STREET ADDRESS 1674 Cottonwood Trail
1.4 CITY-ST-ZIP Sarasota, FL. 34232 ☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME Smith, Ellen
2.3 STREET ADDRESS 4388 Trails Dr. Sarasota, FL
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE D
3.2 NAME Plank, Ed
3.3 STREET ADDRESS 4583 Trails Dr. Sarasota, FL.
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE TD
4.2 NAME Martin, Art
4.3 STREET ADDRESS 4362 Trails Drive
4.4 CITY-ST-ZIP Sarasota, FL. ☒ Change ☐ Addition

5.1 TITLE SD
5.2 NAME Plack, Ed
5.3 STREET ADDRESS 4363 Trails Drive
5.4 CITY-ST-ZIP Sarasota, FL. ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

CR2E037 (9/96)