


FILE NOW: FILING FEE IS \$61.25

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May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770346 (5)**

1. Corporation Name  
**THE LAKES OF SARASOTA MAINTENANCE ASSOCIATION, I NC.**

Principal Place of Business <b>630 S ORANGE AVE STE 101 SARASOTA FL 34236 US</b>	Mailing Address <b>630 S. ORANGE AVE. STE 101 SARASOTA FL 34236 US</b>
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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
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9. Name and Address of Current Registered Agent

**CONDO KEEPERS  
630 S. ORANGE AVE.  
SUITE 101  
SARASOTA FL 34236**

3. Date Incorporated or Qualified <b>09/21/1983</b>	4. FEI Number <b>59-2502633</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HOWARD, PETER 1674 COTTONWOOD TRAIL SARASOTA FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>DANIEL, KELLY</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>4559 TAMILS DR.</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
TITLE	VD SMITH, ELLEN 4388 TRAILS DRIVE SARASOTA FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>SMITH, PETER</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>4715 EAST TRAILS DRIVE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
TITLE	D PLANK, ED 4583 TRAILS. DR. SARASOTA FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>ROTH, MARK</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>4419 OAK VIEW DRIVE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
TITLE	TD MARTIN, ART 4362 TRAIL DRIVE SARASOTA FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>WILSON, CHARLES</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1796 COTTONWOOD TRAIL</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
TITLE	SD PLACK, ED 4363 TRAIL DRIVE SARASOTA FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>BAKER, STUART</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1756 COTTONWOOD TRAIL</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
TITLE	YARLETT, DAVID 4495 TRAIL DRIVE SARASOTA FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *Arthur O. Martin* *April 29, 1998* *(941) 357-4442*

CR2E037 (10/97)