

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90210 041 \*\*\*\*61.25

**DOCUMENT # 770346**

1. Corporation Name

**THE LAKES OF SARASOTA MAINTENANCE ASSOCIATION, I  
NC.**

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  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

**09/21/1983**

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**

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** ☒ DELETE  
NAME **HOWARD, PETER**  
STREET ADDRESS **1674 COTTONWOOD TRAIL**  
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☒ DELETE  
NAME **ROTH, M**  
STREET ADDRESS **4419 OAK VIEW DR**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **TD** ☒ DELETE  
NAME **MARTIN, ART**  
STREET ADDRESS **4362 TRAIL DRIVE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE  
NAME **BAYER, S**  
STREET ADDRESS **1756 COTTONWOOD TR**  
CITY-ST-ZIP **SARASOTA FL 34232**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**PD  
CHARLIE WILSON  
1796 COTTONWOOD TRAIL  
SARASOTA, FL 34232**

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**TD  
BRUCE ST. DENNIS  
1545 OAK WAY  
SARASOTA, FL 34232**

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**SD  
LAURA PETHER  
4370 TRAILS DR.  
SARASOTA, FL 34232**

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**D  
KEITH DANCEN.  
4559 TRAILS DRIVE  
SARASOTA, FL 34232**

☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**VPD  
WILLIAM BUCHER  
4419 OAK VIEW DRIVE  
SARASOTA, FL 34232**

☐ Change ☒ Addition

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

**D  
CANDOLINE DAVIS  
4395 OAK VIEW DRIVE  
SARASOTA, FL 34232**

☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/99 (941) 851-4442**  
Date Daytime Phone #

CR2E037 (1/98)