

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90178 015 ****61.25

DOCUMENT # 770346

1. Entity Name
**THE LAKES OF SARASOTA MAINTENANCE
ASSOCIATION, INC.**



Principal Place of Business
**2477 STICKNEY POINT RD. #118A
SARASOTA, FL 34231 US**

Mailing Address
**2477 STICKNEY POINT RD. #118A
SARASOTA, FL 34231 US**

40062462



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2502633

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT RD. #118A
SARASOTA, FL 34231**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PENNEY, RICHARD	
STREET ADDRESS	1752 OAK LAKES DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CONNER, JOHN	
STREET ADDRESS	1843 COTTONWOOD TRL	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZACCAGNINO, ANDREW	
STREET ADDRESS	PO BOX 51472	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GORSKI, NANCY	
STREET ADDRESS	4464 TRAILS DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOHR, BOB	
STREET ADDRESS	4367 TRAILS DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIMAN, THOMAS	
STREET ADDRESS	1510 OAK WAY	
CITY-ST-ZIP	SARASOTA, FL 34232	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DAVID	
STREET ADDRESS	4548 TRAILS DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSTRUM, LARA	
STREET ADDRESS	1255 Cottonwood Trail	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT, ROD	
STREET ADDRESS	4510 TRAILS DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMMERMAN, DAVID	
STREET ADDRESS	1534 OAK WAY	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, KATHLEEN	
STREET ADDRESS	4614 TRAILS DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDO, MICHAEL	
STREET ADDRESS	4360 TRAILS DR	
CITY-ST-ZIP	SARASOTA, FL 34232	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

DAVID G. TAYLOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

941-927-6464

Daytime Phone #