## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#770346** 

FILED Mar 26, 2009 Secretary of State

Entity Name: THE LAKES OF SARASOTA MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2477 STICKNEY POINT RD. #118A SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 2477 STICKNEY POINT RD. #118A SARASOTA, FL 34231 US FEI Number: 59-2502633 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY POINT RD. #118A SARASOTA, FL 34231 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition KENT, ROD HUGO, MICHELE Name: Name: 4510 TRAILS Address: 4434 OAK VIEW DRIVE Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232 Title: Title: (X) Change ( ) Addition () Delete PENNY, RICK Name: CONNER, JOHN Name: Address: 1752 OAK LAKES DR. Address: 1843 COTTONWOOD TRAIL City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232 Title: SBC () Delete Title: (X) Change ( ) Addition HERRING, JOE BROWN, FRANK Name: Name: 4567 TRAILS DRIVE Address: 4623 TRAILS DR. Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232 Title: () Delete Title: (X) Change ( ) Addition Name: GORSKI, NANCY Name: DAVIES, BRIAN Address: 4464 TRAILS DR. Address: 4624 TRAILS DRIVE City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232 Title: () Delete Title: ( ) Change (X) Addition DEMAIO, DONALD Name: Name: 1391 COTTONWOOD TRAIL Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34232 Title: () Delete Title: ( ) Change (X) Addition TAYLOR, DAVID Name: Name: Address: Address: 4548 TRAILS DRIVE SARASOTA, FL 34232 City-St-Zip: City-St-Zip:

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: MAUREEN SCHOENING MGR 03/26/2009