

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770406**

1. Entity Name

THE LAKES OF SARASOTA CONDOMINIUM ONE  
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2477 STICKNEY POINT RD  
#118A  
SARASOTA FL 34231  
US

2477 STICKNEY POINT RD  
#118A  
SARASOTA FL 34231  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2502644

Applied For

Not Applicable

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  
2477 STICKNEY POINT RD SUITE 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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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: P ☐ Delete  
NAME: COOPER, KATHERYN  
STREET ADDRESS: 1233 COTTONWOOD TR.  
CITY-STATE-ZIP: SARASOTA FL 34232

TITLE: VP ☐ Delete  
NAME: LANDO, MICHAEL  
STREET ADDRESS: 4360 TRAILS DR  
CITY-STATE-ZIP: SARASOTA FL 34232

TITLE: DT ☐ Delete  
NAME: LEUNG, MARLA  
STREET ADDRESS: 4330 TRAILS DR  
CITY-STATE-ZIP: SARASOTA FL 34232

TITLE: DS ☐ Delete  
NAME: DI'AMICO, DAVID  
STREET ADDRESS: 4372 TRAILS DR  
CITY-STATE-ZIP: SARASOTA FL 34232

TITLE: D ☐ Delete  
NAME: GRIFFIN, SHIRLEY  
STREET ADDRESS: 4387 TRAILS DR  
CITY-STATE-ZIP: SARASOTA FL 34232

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS: 000000606686  
CITY-STATE-ZIP: 01/31/07-80007-008 61.25

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY-STATE-ZIP:

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STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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

*[Signature]*

1/29/07