

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90027 016 ****61.25

DOCUMENT # 770406 1. Entity Name THE LAKES OF SARASOTA CONDOMINIUM ONE 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2502644 ☐ Applied For ☒ Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUS PROPERTY MANAGEMENT 2477 STICKNEY POINT RD SUITE 118A SARASOTA FL 34231				7. Name and Address of New Registered Agent Name ADI PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 63 SARASOTA CENTER BLVD #104 City SARASOTA FL 34240	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.				DATE 2/18/08 (NOTE: Registered Agent signature required when resigning)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, KATHERYN 1233 COTTONWOOD TR. SARASOTA FL 34232	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANDO, MICHAEL 4360 TRAILS DR SARASOTA FL 34232	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEUNG, MARLA 4330 TRAILS DR SARASOTA FL 34232	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DI'AMICO, DAVID 4372 TRAILS DR SARASOTA FL 34232	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, SHIRLEY 4387 TRAILS DR SARASOTA FL 34232	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Janeane St. John 4362 TRAILS DR SARASOTA, FL 34232	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition			

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]* **2/18/08 941571-1245**