FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 28 AM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770407 (5)

1. Corporation Name
THE LAKES OF SARASOTA HOMEOWNERS' ASSOCIATION, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
630 S. ORANGE AVE. SUITE 102 SARASOTA FL 34236	630 S. ORANGE AVE. SUITE 102 SARASOTA FL 34236

3. Date Incorporated or Qualified: 09/23/1983
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2502637 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONDO KEEPERS 630 S. ORANGE AVE. SUITE 102 SARASOTA FL 34236	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	SMITH, ELLEN	1.2 NAME	Martin, Arthur
STREET ADDRESS	4388 TRIALS DR	1.3 STREET ADDRESS	4360 Trails Drive
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	PD	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	MARTIN, ARTHUR	2.2 NAME	Smith, Ellen
STREET ADDRESS	4360 TRAILS DR.	2.3 STREET ADDRESS	4388 Trails Drive
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	ST	3.1 TITLE	Sec/Trea ☐ Change ☐ Addition
NAME	HEATH-TUSS, NANCY	3.2 NAME	Sawin, Richard
STREET ADDRESS	4383 TRAILS DR	3.3 STREET ADDRESS	4343 Trails Drive
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D	4.1 TITLE	D ☐ Change ☐ Addition
NAME	SAWIN, RICHARD	4.2 NAME	Robertson, Carol
STREET ADDRESS	4343 TRAILS DR.	4.3 STREET ADDRESS	4382 Trails Drive
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	ROBERTSON, CAROL	5.2 NAME	Plack, Earl
STREET ADDRESS	4382 TRAILS DR	5.3 STREET ADDRESS	4363 Trails Drive
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Arthur C. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010404