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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770407** (5)

1. Corporation Name

**THE LAKES OF SARASOTA HOMEOWNERS' ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236**

**630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236-7504**



3. Date Incorporated or Qualified
09/23/1983

3a. Date of Last Report
05/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE
NAME **SMITH, ELLEN**
STREET ADDRESS **4388 TRIALS DR**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Smith, Ellen**
1.3 STREET ADDRESS **4388 Trails Dr.**
1.4 CITY-ST-ZIP **Sarasota, FL.**

TITLE **PD** ☐ DELETE
NAME **MARTIN, ARTHUR**
STREET ADDRESS **4360 TRIALS DR.**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Martin, Arthur**
2.3 STREET ADDRESS **4360 Trails Drive**
2.4 CITY-ST-ZIP **Sarasota, FL.**

TITLE **D** ☐ DELETE
NAME **COTTON, ROBERT**
STREET ADDRESS **1233 COTTONWOOD TRAIL**
CITY-ST-ZIP **SARASOTA FL 34232**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Masterson, Joan**
3.3 STREET ADDRESS **4372 Trails Drive**
3.4 CITY-ST-ZIP **Sarasota, FL.**

TITLE **ST** ☒ DELETE
NAME **SAWN, RICHARD**
STREET ADDRESS **4343 TRIALS DR.**
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ROBERTSON, CAROL**
STREET ADDRESS **4382 TRIALS DR**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PLACK, EARL**
STREET ADDRESS **4363 TRIALS DRIVE**
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

941-351-4442

Date

Daytime Phone # 0081304

CR2E037 (9/96)