FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

THE LAKES OF SARASOTA HOMEOWNERS' ASSOCIATION, I

NC. Principal Place of Business Mailing Address 630 S. ORANGE AVE. ROA & COLANGE AVE

FILED	
Apr 27 1998 8:00)am
Secretary of Sta	ate



SUITE 102 SARASOTA FL 34236		SUITE 102		9. Date incorporated or Guairied 09/23/1983		
		SARASOTA FL 34236			4. FEI Number	Applied For
					59-2502637	Not Applicable
	lace of Business	2s. Malling Address				\$8.75 Additional
21		26			5. Certificate of Status Desired	Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22 City # Ctal		27			Trust Fund Contribution	Added to Fees
City & Stat	6	City & State			7. Is this nonprofit corporation a homeowners	
Zip	Country	Zip	Count	·		No
24	26	<u> </u>	30	,	This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes 🔲 No
1	9. Name and Address of Currer		1	······································	10. Name and Address of New Registered A	
			8	Name		
COMPO	KEEPERS				4000	
	DRANGE AVE.		8:	Stree	Address (P.O. Box Number is Not Acceptable)	
SUITE 1			8:	,		
	OTA FL 34236]_			
0,000	717 12 01230		8	City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the abo	/e-name	d corporation submits this statement for the purpose of	hanging its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblica	of Florida. Such change was au ations of, Section 617,0503. Flori	ithorized t ida Statuti	y the co	d corporation submits this statement for the purpose of rporation's board of directors. I hereby accept the apport	intment as registered
SIGNATURE	The state of the s	and to the cooled by the coole, the cooled	oo oww			
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered A	jent signatu	re required when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	☐ DELETE	1.1 TITLE		D	Change 💹 Addition
NAME	SMITH, ELLEN		1.2 NAME		BANDAMA WALTERS	
STREET ADDRESS	4388 TRIALS DR		1.3 STREE	T ADORESS	4332 Tenics Dr.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-	ST-ZIP	SPARSOTA, TE 84232	
TITLE	VD	☐ DELETE	2.1 TITLE		10.	Change Addition
NAME	MARTIN, ARTHUR		2.2 NAME		MARY AND HORDER 4367 TANICS DA.	
STREET ADDRESS	4360 TRAILS DR.			T ADDRESS	4367 TRAILS DR.	
CITY-ST-ZIP TITLE	SARASOTA FL	☐ DELETE	2.4 CITY 3.1 TITLE	ST-ZIP	SAMSOTA, FZ 34232 O. VUETTE MCPHENSON 1283 COTTON WOOD TAMIL	Change Addition
NAME	SD Masterson, Joan	□ occese			(VI)	Change Addition
STREET ADDRESS	4372 TRAILS DRIVE		3.2 NAME		12 22 ALTON COM TANK	
CITY-ST-ZIP	SARASOTA FL			T ADDRESS	CALLED TOP WAS TAKEN	
TITLE	D	K DELETE	3.4. CITY 4.1 TITLE	SI-ZIP	SAMEOTO, R. 34232	Change Addition
NAME	ROBERTSON, CAROL	A	4.2 NAM		1	T SHOULD THE PRODUCTION
STREET ADDRESS	4382 TRAILS DR			: Tadoress		
CITY-ST-ZIP	SARASOTA FL					
TITLE	D	₩ DELETE	4.4 CITY- 5.1 TITLE	01-11	<u> </u>	Change Addition
NAME	PLACK, EARL	~	5.2 NAME			- Annualiza Fill Containing
STREET ADDRESS	4363 TRAILS DRIVE			T ADDRESS		
CITY-ST-ZW	SARASOTA FL	•	5.4 CiTY-			
TITLE		DELETE	6.1 TITLE	O1 LIF	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAME		1	Carried Carried
STREET ADDRESS			•	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
	ertify that the information supplied w	ith this filing does not muslify for			ad in Section 110 07/3\(\(\)\\\ Elerida Statutes, I further and	if , short the Indonesia

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 charged, or on an attachment with an address.

GNATURE: