

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90102 037 ****61.25

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DOCUMENT # 770407

1. Corporation Name

THE LAKES OF SARASOTA HOMEOWNERS' ASSOCIATION, I
NC.

Principal Place of Business

630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236

Mailing Address

630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

09/23/1983

4. FEI Number

59-2502637

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CONDO KEEPERS
630 S. ORANGE AVE.
SUITE 102
SARASOTA, FL 34236

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME SMITH, ELLEN
STREET ADDRESS 4388 TRIALS DR
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ DELETE

NAME MARTIN, ARTHUR
STREET ADDRESS 4360 TRIALS DR.
CITY-ST-ZIP SARASOTA FL

TITLE SD ☐ DELETE

NAME MASTERSON, JOAN
STREET ADDRESS 4372 TRIALS DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME WALTERS, BARBARA
STREET ADDRESS 4332 TRIALS DR
CITY-ST-ZIP SARASOTA FL 34232

TITLE D ☒ DELETE

NAME HARDEN, MARY ANN
STREET ADDRESS 4367 TRIALS DR
CITY-ST-ZIP SARASOTA FL 34232

TITLE D ☒ DELETE

NAME MCPHERSON, YVETTE
STREET ADDRESS 1233 COTTON WOOD TRAIL
CITY-ST-ZIP SARASOTA FL 34232

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE TD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

(941) 351-4442

Date

Daytime Phone #

CR2E037 (11/98)