

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 9:59

DOCUMENT # **G37086**

(7)

1. Corporation Name

SARALAKE ESTATES HOME OWNERS CORPORATION

Principal Place of Business

3121 JOLINE DR. 3032 Saralake Dr. S.
SARASOTA FL 34239

Mailing Address

3121 JOLINE DR. 3032 Saralake Dr. S.
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/04/1983

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-2348935

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ALLEN, JOHN T. JR.
4508 CENTRAL AVENUE
ST. PETERSBURG FL 33711**

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	SEACE, MARLIN O.
STREET ADDRESS	3121 JOLINE DR
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	PD
NAME	SAMPLES, JOHN
STREET ADDRESS	3031 VIOLA DR.
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	VD
NAME	FUESTON, HERCHEL
STREET ADDRESS	3017 JOLINE DR
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	D
NAME	BIFANO, MAGALINE
STREET ADDRESS	2901 SARALAKE DR. SO
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	D
NAME	GOHL, WARREN
STREET ADDRESS	3029 JOLINE DR.
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	COLBERT, EMIL
STREET ADDRESS	3002 SARALAKE BLVD.
CITY - ST - ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	☒ Change ☐ Addition
1.2 NAME	Dr Perry, Shirley S.
1.3 STREET ADDRESS	3032 Saralake Dr. So.
1.4 CITY - ST - ZIP	Sarasota FL 34239
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	PD
2.3 STREET ADDRESS	Sarasota FL 34239
2.4 CITY - ST - ZIP	Sarasota FL 34239
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	V. D.
3.3 STREET ADDRESS	Sarasota FL 34239
3.4 CITY - ST - ZIP	Sarasota FL 34239
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	D.
4.3 STREET ADDRESS	Sarasota FL 34239
4.4 CITY - ST - ZIP	Sarasota FL 34239
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	Gohl, Dorraine
5.3 STREET ADDRESS	3029 Joline Dr.
5.4 CITY - ST - ZIP	Sarasota FL 34239
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	Sarasota FL 34239
6.3 STREET ADDRESS	Sarasota FL 34239
6.4 CITY - ST - ZIP	Sarasota FL 34239

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Shirley S. Perry, Treasurer Shirley S. Perry 4/1/95 (813)
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #