

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 19 1996 8:00 am  
Secretary of State

DOCUMENT # **G37086** (7)  
1. Corporation Name  
**SARALAKE ESTATES HOME OWNERS CORPORATION**



Principal Place of Business Mailing Address  
**3032 SARALAKE DRIVE, SOUTH**  
**SARASOTA FL 34239**  
**US**

3. Date Incorporated or Qualified **05/04/1983** 3a. Date of Last Report **04/12/1995**  
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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRY, SHIRLEY S.</b>	1.2 NAME	
STREET ADDRESS	<b>3032 SARA LAKE DRIVE, SOUTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMPLES, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>3031 VIOLA DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUESTON, HERCHEL</b>	3.2 NAME	
STREET ADDRESS	<b>3017 JOLINE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIFANO, MAGALINE</b>	4.2 NAME	
STREET ADDRESS	<b>2901 SARALAKE DR. SO</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOHL, LORRAINE</b>	5.2 NAME	
STREET ADDRESS	<b>3029 JOLINE DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLBERT, EMIL</b>	6.2 NAME	
STREET ADDRESS	<b>3002 SARALAKE BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	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)(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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/11/96 (941) 951-7770*  
Daytime Phone #

CR2E034 (12/95)

G 37086

SARALAKE ESTATES HOMEOWNERS CORPORATION  
3032 SARALAKE DRIVE SOUTH  
SARASOTA FL 34239

DOCUMENT # G 37086

FEI NUMBER 592348935

CONTINUATION SHEET OF OFFICERS AND DIRECTORS

No. 7 <sup>S/D</sup> SHUPPERT, LORETTA  
3107 SARALAKE DRIVE SOUTH  
SARASOTA FL 34239

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No. 8 <sup>D</sup> DOOME, FAY  
3141 SARALAKE DRIVE SOUTH  
SARASOTA FL 34239

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No. 9. <sup>D</sup> ERICKSON, GRACE  
3131 SARALAKE DRIVE NORTH  
SARASOTA FL 34239

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