2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90332 001 ****30.62
04-07-2004 90332 002 ****30.63

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1. Entity Name
LAKE SAPPHIRE ESTATES AND LAKE THOMAS ESTATES HOMEOWNERS ASSOCIATION, INC.

66410304

Principal Place of Business	Mailing Address
906 LAKE SAPPHIRE LN LUTZ, FL 33548	906 LAKE SAPPHIRE LN LUTZ, FL 33548

03292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
916 Lake Thomas Lane	916 Lake Thomas Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lutz, Florida	City & State: Lutz, Florida
Zip: 33548 Country: USA	Zip: 33548 Country: USA

4. FEI Number: 32-0037414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAPORTE, SUSAN 906 LAKE SAPPHIRE LN LUTZ, FL 33548	Name: Kevin Carlson Street Address (P.O. Box Number is Not Acceptable): 916 Lake Thomas Lane City: Lutz FL Zip Code: 33548

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAPORTE, SUSAN 906 LAKE SAPPIRE LANE LUTZ, FL 33548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kevin Carlson 916 Lake Thomas Lane Lutz, Florida 33548	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRAYTON, ELLEN 917 LAKE SAPPIRE LANE LUTZ, FL 33548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD John Matera 914 Lake Sapphire Lane Lutz, Florida 33548	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARCIA, CINDI 911 LAKE THOMAS LANE LUTZ, FL 33548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Cindi Garcia 911 Lake Thomas Lane Lutz, Florida 33548	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Kris Carlson 916 Lake Thomas Lane Lutz, Florida 33548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President KEVIN G CARLSON 4-2-04 813 907 1845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #