# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2008 8:00 am**
**Secretary of State**
02-05-2008 90022 001 ****30.63
02-05-2008 90022 002 ****30.62

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DOCUMENT # N01000000580

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

| Principal Place of Business | Mailing Address |
|---|---|
| 908 LAKE THOMAS LANE<br>LUTZ, FL 33548 | 911 LAKE THOMAS LANE<br>LUTZ, FL 33548 |

DO NOT WRITE IN THIS SPACE

01202008 No Chg-NP CR2E037 (4/06)

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

GARCIA, CINDI
911 LAKE THOMAS LANE
LUTZ, FL 33548

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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, 2008**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | JARAMILLO, IVAN |
| STREET ADDRESS | 908 LAKE THOMAS LANE |
| CITY-ST-ZIP | LUTZ, FL 33548 |
| TITLE | VD |
| NAME | WILLIAMS, PAM |
| STREET ADDRESS | 906 LAKE SAPPHIRE LANE |
| CITY-ST-ZIP | LUTZ, FL 33548 |
| TITLE | TD |
| NAME | GARCIA, CINDI |
| STREET ADDRESS | 911 LAKE THOMAS LANE |
| CITY-ST-ZIP | LUTZ, FL 33548 |
| TITLE | SD |
| NAME | BRAYTON, ELLEN |
| STREET ADDRESS | 917 LAKE SAPPHIRE LANE |
| CITY-ST-ZIP | LUTZ, FL 33548 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Cindi Garcia Cindi Garcia 1/22/08 813-949-1360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #