

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000598

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** LAKERIDGE FALLS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

4200 LAKERIDGE BVLVD  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

2477 STICKNEY POINT RD  
SUITE 118A  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 04-3636651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMMERLING, WALTER  
ARGUS PROPERTY MANAGEMENT, INC  
2477 STICKNEY POINT RD SUITE 118A  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: WARE, VELMA  
Address: 8171 STIRLING FALLS CIRCLE  
City-St-Zip: SARASOTA, FL 34243

Title: PRES  
Name: FOX NELLIS, BARBARA  
Address: 4239 CASCADE FALLS DRIVE  
City-St-Zip: SARASOTA, FL 34243

Title: SEC  
Name: KINTZ, JANE  
Address: 4256 MACKAY FALLS TERR  
City-St-Zip: SARASOTA, FL 34243

Title: TRES  
Name: DORN, ALICE  
Address: 8163 STIRLING FALLS CIRCLE  
City-St-Zip: SARASOTA, FL 34243

Title: D  
Name: TIERNEY, CHARLES  
Address: 4131 MAC KAY FALLS TERRACE  
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA FOX NELLIS

PRES

03/30/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date