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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N09479 (9)

1. Corporation Name
LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
630 S. ORANGE AVE. SUITE 102 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/30/1985	3a. Date of Last Report 03/11/1994
4. FEI Number 59-2554656	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent
**CONDO KEEPERS
630 S ORANGE AVE
STE 102
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	O'DONNELL, ED
STREET ADDRESS	4382 OAK VIEW DRIVE
CITY-ST-ZIP	SARASOTA FL
TITLE	PD
NAME	GREEN, RON
STREET ADDRESS	1732 OAK LAKES DR
CITY-ST-ZIP	SARASOTA FL
TITLE	STD
NAME	CALDWELL, PATRICIA
STREET ADDRESS	4320 OAK VIEW DR
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	NEFFINGER, DIXIE
STREET ADDRESS	1639 COTTONWOOD TRAIL
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	BYRNES, PAUL
STREET ADDRESS	1327 COTTONWOOD TRAIL
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'Donnell, Ed
1.3 STREET ADDRESS	4382 Oak View Drive
1.4 CITY-ST-ZIP	Sarasota, FL 34232
2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Larry Wainwright
2.3 STREET ADDRESS	1796 Oak Lakes Drive
2.4 CITY-ST-ZIP	Sarasota, FL 34232
3.1 TITLE	Sec/Trea <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jay Goodwill
3.3 STREET ADDRESS	1768 Oak Lakes Drie
3.4 CITY-ST-ZIP	Sarasota, FL 34232
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rina Favat
4.3 STREET ADDRESS	1759 Oak Lakes Drive
4.4 CITY-ST-ZIP	Sarasota, FL 34232
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Richard Penney
5.3 STREET ADDRESS	1752 Oak Lakes Drive
5.4 CITY-ST-ZIP	Sarasota, FL 34232
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-95
Date Daytime Phone #