

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N09479 (9)**  
1. Corporation Name  
**LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **05/30/1985**  
3a. Date of Last Report: **03/02/1995**

|   |                         |  |  |
|---|-------------------------|--|--|
| 21. Principal Place of Business   | 2a. Mailing Address     | 4. FEI Number  | Applied For  |
|   |                         | <b>59-2554656</b>  | <input type="checkbox"/>                                       |
| 22. Suite, Apt. #, etc.   | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired                         | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| 23. City & State  | 28. City & State        | 6. Election Campaign Financing Trust Fund Contribution   | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>    |
| 24. Zip   | 25. Country             | 29. Zip  | 30. Country  |
|   |                         |  |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CONDO KEEPERS  
630 S ORANGE AVE  
STE 102  
SARASOTA FL 34236**

|  |           |
|--|-----------|
| 81. Name   |           |
| 82. Street Address (P.O. Box Number is Not Acceptable) |           |
| 83.  |           |
| 84. City   | <b>FL</b> |
| 85. Zip Code   |           |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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>P</b>                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>O'DONNELL, ED</b>     |  |
| STREET ADDRESS | <b>4382 OAK VIEW DR</b>  |  |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>       |  |
| TITLE          | <b>VP</b>                | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>WAINWRIGHT, LARRY</b> |  |
| STREET ADDRESS | <b>1796 OAK LAKES DR</b> |  |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>       |  |
| TITLE          | <b>ST</b>                | <input type="checkbox"/> DELETE            |
| NAME           | <b>GOODWILL, JAY</b>     |  |
| STREET ADDRESS | <b>1768 OAK LAKES DR</b> |  |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>       |  |
| TITLE          | <b>D</b>                 | <input type="checkbox"/> DELETE            |
| NAME           | <b>FAVAT, RINA</b>       |  |
| STREET ADDRESS | <b>1759 OAK LAKES DR</b> |  |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>       |  |
| TITLE          | <b>D</b>                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>PENNEY, RICHARD</b>   |  |
| STREET ADDRESS | <b>1752 OAK LAKES DR</b> |  |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>       |  |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>DIXIE NEFFINGER</b>   |
| 1.3 STREET ADDRESS | <b>1639 COTTONWOOD TRAIL</b>   |
| 1.4 CITY-ST-ZIP    | <b>SARASOTA, FL 34232</b>  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>PETER HOWARD</b>  |
| 2.3 STREET ADDRESS | <b>1674 COTTONWOOD TRAIL</b>   |
| 2.4 CITY-ST-ZIP    | <b>SARASOTA, FL 34232</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>PAT CALDWELL</b>  |
| 3.3 STREET ADDRESS | <b>4320 OAK VIEW AL.</b>   |
| 3.4 CITY-ST-ZIP    | <b>SARASOTA, FL 34232</b>  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    | <b>200001839942</b>  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           | <b>-05/25/96--01004--000</b>   |
| 5.3 STREET ADDRESS | <b>***61.25</b>  |
| 5.4 CITY-ST-ZIP    |  |
| 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, on or an attachment with an address.

**SIGNATURE:** *Dixie Neffinger* President **4/26/96** (941) 351-4442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)