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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
630 S. ORANGE AVE. SUITE 102 SARASOTA FL 34236-7504

3. Date Incorporated or Qualified **05/30/1985** 3a. Date of Last Report **05/24/1996**
4. FEI Number **59-2554656** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 25 29 30

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 **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NEFFINGER, DIXIE	
STREET ADDRESS	1639 COTTONWOOD TR	
CITY- ST- ZIP	SARASOTA FL 34232	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOWARD, PETER	
STREET ADDRESS	1674 COTTONWOOD TR	
CITY- ST- ZIP	SARASOTA FL 34232	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GOODWILL, JAY	
STREET ADDRESS	1768 OAK LAKES DR	
CITY- ST- ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAVAT, RINA	
STREET ADDRESS	1759 OAK LAKES DR	
CITY- ST- ZIP	SARASOTA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CALDWELL, PAT	
STREET ADDRESS	4320 OAK VIEW DR	
CITY- ST- ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUE CROMWELL	
3.3 STREET ADDRESS	1744 OAK LAKES DR.	
3.4 CITY- ST- ZIP	SARASOTA, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: **3/17/97** DAYTIME PHONE #: **351-4442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)