


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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09479 (9)**  
 1. Corporation Name  
**LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>630 S. ORANGE AVE. SUITE 102 SARASOTA FL 34236</b>	Mailing Address <b>630 S. ORANGE AVE. SUITE 102 SARASOTA FL 34236</b>
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3. Date Incorporated or Qualified <b>05/30/1985</b>	Applied For Not Applicable
4. FEI Number <b>59-2554656</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 25 Country	29 Zip 30 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 <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 officer 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	VP	<input checked="" type="checkbox"/> DELETE
NAME	NEFFINGER, DIXE	
STREET ADDRESS	1639 COTTONWOOD TR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOWARD, PETER	
STREET ADDRESS	1674 COTTONWOOD TR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROMWELL, SUE	
STREET ADDRESS	17440 A K LAKES DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAVAT, RINA	
STREET ADDRESS	1759 OAK LAKES DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ST	<input checked="" 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P D CHARLES WILSON</b>
1.3 STREET ADDRESS	<b>1796 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>VP D STUART BAYEN</b>
2.3 STREET ADDRESS	<b>1756 COTTONWOOD TRAIL</b>
2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>P D PETER HOWARD</b>
3.3 STREET ADDRESS	<b>1674 COTTONWOOD TRAIL</b>
3.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SEL. SUE CROMWELL</b>
4.3 STREET ADDRESS	<b>1744 OAK LAKES DRIVE</b>
4.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
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 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: *[Signature]* DATE: **4/9/98** (948) 357 4442

CP2E037 (10/97)