


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

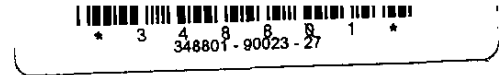
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09479**  
 1. Corporation Name  
**LAKES 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
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21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified <b>05/30/1985</b>	4. FEI Number <b>59-2554656</b> Applied For Not Applicable
23	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, CHARLES	
STREET ADDRESS	1796 COTTONWOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BAYER, STUART	
STREET ADDRESS	1756 COTTONWOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, PETER	
STREET ADDRESS	1674 COTTONWOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CROMWELL, SUE	
STREET ADDRESS	1744 OAK LAKES DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VPD
3.3 STREET ADDRESS	1201512A RAIN 1796 OAK LAKES DRIVE
3.4 CITY-ST-ZIP	SARASOTA, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	LEF BEACHY 4357 OAK VIEW DRIVE
4.4 CITY-ST-ZIP	SARASOTA, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	ERIC HAMMERSAND 1773 OAK LAKES DR
5.4 CITY-ST-ZIP	SARASOTA, FL
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/9/99 Daytime Phone #: (941) 3514442

CR2E037 (1/98)