

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90013 050 \*\*\*\*61.25

**DOCUMENT # N09479**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2554656**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, CHARLES	
STREET ADDRESS	1796 COTTONWOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	<del>PD</del> PRES/D	<input type="checkbox"/> Delete
NAME	BAYER, STUART	
STREET ADDRESS	1756 COTTONWOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAIN, KRISTINA	
STREET ADDRESS	1796 OAK LAKES DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEACHY, LEE	
STREET ADDRESS	4357 OAK VIEW DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	<del>PD</del> PRES/D	<input type="checkbox"/> Delete
NAME	HAMERSAND, ERIC	
STREET ADDRESS	1773 OAK LAKES DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SEC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIMI GOODWILL	
STREET ADDRESS	1768 OAK LAKES DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RINA FAVAT	
STREET ADDRESS	1759 OAK LAKES DR.	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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

Daytime Phone #

4/25/00

941-351-4442

CE 0017 (9/99)