


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90014 007 ****61.25

DOCUMENT # N09479
 1. Entity Name
LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 2477 STICKNEY POINT RD STE 118A
 SARASOTA, FL 34231

Mailing Address
 2180 WEST SR 434
 SUITE 5000
 LONGWOOD, FL 32779-5044

Ray @ 61.25
40128008



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07102007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2554656

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGUS PROPERTY MANAGEMENT, INC.
 2477 STICKNEY POINT RD STE 118A
 SARASOTA, FL 34231

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME GIRARD, CATHRYN
 STREET ADDRESS 4337 OAK VIEW DR
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE Change Addition
 NAME **PRES. DON DEMAIO**
 STREET ADDRESS **1391 COTTONWOOD**
 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE Delete
 NAME **VPD DIR. BOSTROM, LARRY**
 STREET ADDRESS 1822 COTTONWOOD TRAIL
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SD PENNEY, RICHARD
 STREET ADDRESS 1752 OAKS LAKES DRIVE
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE Change Addition
 NAME **VP JENNIFER SHEA**
 STREET ADDRESS **1796 COTTONWOOD**
 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE Delete
 NAME **SEC. CONNER, JOHN**
 STREET ADDRESS 1843 COTTONWOOD TERRACE
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DIR. PHILLIPS, CRAIG
 STREET ADDRESS 1724 OAK LANES DR
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DON DEMAIO _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #