

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
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ray \$ 61.25
40128008



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07102007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2554656	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY POINT RD STE 118A SARASOTA, FL 34231	

7. Name and Address of New Registered Agent	
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	GIRARD, CATHRYN
STREET ADDRESS	4337 OAK VIEW DR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VP DIR <input type="checkbox"/> Delete
NAME	BOSTROM, LARRY
STREET ADDRESS	1822 COTTONWOOD TRAIL
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	PENNEY, RICHARD
STREET ADDRESS	1752 OAKS LAKES DRIVE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	SEC <input type="checkbox"/> Delete
NAME	CONNER, JOHN
STREET ADDRESS	1843 COTTONWOOD TERRACE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	DIR <input type="checkbox"/> Delete
NAME	PHILLIPS, CRAIG
STREET ADDRESS	1724 OAK LANES DR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRES <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON DEMAID
STREET ADDRESS	1391 COTTONWOOD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNIFER SHEA-VP
STREET ADDRESS	1796 COTTONWOOD
CITY-ST-ZIP	SARASOTA, FL 34232
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 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 DEMAID Don Demaid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #