
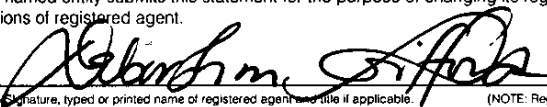
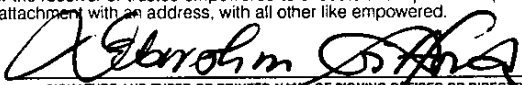


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90380 036 ****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 32770-5044	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2477 STICKNEY PT RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #118A	
City & State		City & State SARASOTA, FL	
Zip	Country	Zip	Country
		34231	
4. FEI Number 59-2554656		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 		DATE 4/25/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMAID, DON	NAME	Richard Penney
STREET ADDRESS	1391 COTTONWOOD	STREET ADDRESS	1752 Oak Lakes Dr.
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	Sarasota, FL 34232
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSTROM, LARRY	NAME	Charla Dustin
STREET ADDRESS	1822 COTTONWOOD TRAIL	STREET ADDRESS	1792 Oak Lakes Dr.
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	Sarasota, FL 34232
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEA, JENNIFER	NAME	LaVonne Mason
STREET ADDRESS	1796 COTTONWOOD	STREET ADDRESS	1788 Oak Lakes Dr.
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, JOHN	NAME	
STREET ADDRESS	1843 COTTONWOOD TERRACE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, CRAIG	NAME	
STREET ADDRESS	1724 OAK LANES DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	