


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90489 006 \*\*\*\*61.25

**DOCUMENT # N09479**

1. Entity Name  
**LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**630 S. ORANGE AVE.  
SUITE 102  
SARASOTA FL 34236**

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

2. Principal Place of Business  
**2180 W SR 434**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 5000**

Suite, Apt. #, etc.

City & State  
**LONGWOOD FL**


City & State

Zip  
**32779-5044**

Country  
**US**

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2554656**

Applied For  
 Not Applicable

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


6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

**JAMES W HART JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD FL 32779**

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 **4/21/03**

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODWILL, MIMI 1768 OAK LAKES DRIVE SARASOTA FL 34232	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAIN, KRISTINA 1796 OAK LAKES DRIVE SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRECO, SAM 1502 COTTONWOOD TRAIL SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENNEY, RICHARD 1752 OAKS LAKES DRIVE SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Niccolai, Bill 1741 Oak Lakes Drive Sarasota, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hession, Joe 4329 Oak View Drive Sarasota, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Conner, John 1843 Cottonwood Terrace Sarasota, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **3/12/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)