

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90032 024 ****61.25

DOCUMENT # N21533 1. Entity Name LAKES ESTATES III OF SARASOTA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2477 STICKNEY POINT RD., STE. 118A SARASOTA FL 34231				Mailing Address 2477 STICKNEY POINT RD., STE. 118A SARASOTA FL 34231	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1st MOORE CR2E037 (10/06)	
4. FEI Number 59-2840935				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
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)					
FILE NOW: FEE IS \$61.25 Due By May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZINNERMAN, DAVID 1534 OAK WAY DR SARASOTA FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. HERRING, WILLIAM W. 4623 TRAILS DR SARASOTA, FL 34232-3482	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWELL, KATHLEEN 4614 TRAKS DR SARASOTA FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. WROBEL, GREG 4602 TRAILS DRIVE SARASOTA, FL 34232	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, CAROLINE 4395 OAK VIEW DR SARASOTA FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. TONN, PEG 4452 OAKVIEW DR SARASOTA, FL 34232	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODS, TRENT 1546 OAK WAY DR. SARASOTA FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HERRING, SUSAN I 4623 TRAILS DR SARASOTA, FL 34232-3482	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HERRING, SUSAN I	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUGO, K. MICHELE 4434 OAK VIEW DR SARASOTA, FL 34232	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P HUGO, MICHELE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Susan I. Herring</i> / Susan I. Herring 5/13/07 941-371-7470 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					