

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21533

FILED
Mar 26, 2009
Secretary of State

Entity Name: LAKES ESTATES III OF SARASOTA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2477 STICKNEY POINT RD., STE. 118A
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2477 STICKNEY POINT RD., STE. 118A
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-2840935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DAVIES, BRIAN
Address: 4624 TRAILS DR
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: SOUTHERLAND, SUZANNE
Address: 4600 TRAILS DR
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: KRINSKY, ANDY
Address: 4445 OAK VIEW DR
City-St-Zip: SARASOTA, FL 34232

Title: P () Delete
Name: HERRING, SUSAN
Address: 4623 TRAILS DR.
City-St-Zip: SARASOTA, FL 342323482

Title: V () Delete
Name: HUGO, MICHELE K
Address: 4434 OAKVIEW DR
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DAVIES, BRIAN
Address: 4624 TRAILS DR
City-St-Zip: SARASOTA, FL 34232

Title: T (X) Change () Addition
Name: BENDER, BETH
Address: 4485 OAK VIEW DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: S (X) Change () Addition
Name: HAMMERSLEY, SUE
Address: 4601 TRAILS DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: P (X) Change () Addition
Name: HUGO, MICHELE
Address: 4434 OAK VIEW DRIVE
City-St-Zip: SARASOTA, FL 342323482

Title: D (X) Change () Addition
Name: LEVINE, ROBERT
Address: 4474 OAK VIEW DRIVE
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN SCHOENING

MGR

03/26/2009

Electronic Signature of Signing Officer or Director

Date