


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-23-2007 90028 014 ****61.25

DOCUMENT # N50959 1. Entity Name HOMEOWNERS ASSOCIATION OF SARASOTA GOLF COLONY, INC.					
Principal Place of Business 2033 MAIN STREET SUITE 403 SARASOTA, FL 34237			Mailing Address P.O. BOX 5068 SARASOTA, FL 34277-5068		
2. Principal Place of Business - No P.O. Box # 2030 LEEWYNN DR. E.		3. Mailing Address Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-0473784	
Zip 34240		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE LAW OFFICES OF LOBECK HANSON & WELLS C/O KEVIN T. WELLS, ESQ. 2033 MAIN STREET, SUITE 403 SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME WHITLEY, BOB STREET ADDRESS 7223 SOUTH LEEWYNN DR CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME KAREN LEMONTE STREET ADDRESS 2030 LEEWYNN DR. EAST CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LEMONTE, CRAIG STREET ADDRESS 2030 EAST LEEWYNN DR CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete		TITLE VICE PRESIDENT NAME DENISE WHALIN STREET ADDRESS 1957 ROLLING GREEN CIRCLE CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WELANDER, CHARLENE STREET ADDRESS 1826 EAST LEEWYNN DR CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete		TITLE SECRETARY NAME PATSY GREEN STREET ADDRESS 1904 PAR PLACE CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME KERVIN, THOMAS STREET ADDRESS 1954 ROLLING GREEN CIR CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE TREASURER NAME TOM KERVIN STREET ADDRESS 1954 ROLLING GREEN CIRCLE CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (SAME)	
TITLE D NAME GREEN, PATSY STREET ADDRESS 1904 PAR PLACE CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME MIKE TIPPERY STREET ADDRESS 1835 LEEWYNN DR. WEST CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition (SAME)	
TITLE D NAME WEATHERLY, STEVE STREET ADDRESS 1934 LEEWYNN DRIVE EAST CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME STEVE WEATHERLY STREET ADDRESS 1934 LEEWYNN DR. EAST CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Karen Lemonte</u> KAREN LEMONTE <u>2/22/07 (941)379-3399</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					