

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004104

FILED
Jul 13, 2008
Secretary of State

Entity Name: SHERATON LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SHERATON LAKES CIRCLE
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2225
MIDDLEBURG, FL 32050

New Mailing Address:

FEI Number: 59-3495163 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LASATER, GAVIN
1868 SHERATON LAKES CIRCLE
MIDDLEBURG, FL 32068 US

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: PD () Delete
Name: LASATER, GAVIN
Address: 1868 SHERATON LAKES CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: VD () Delete
Name: CORNETT, ROBERT
Address: 1832 SHERATON LAKES CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: VD () Delete
Name: GALVIN, LEO
Address: 1838 SHERATON LAKES CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: S () Delete
Name: CORNETT, TABITHA
Address: 1832 SHERATON LAKES CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: S () Delete
Name: LASATER, CHRISTINA
Address: 1868 SHERATON LAKES CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GAVIN LASATER

PD

07/13/2008

Electronic Signature of Signing Officer or Director

Date