

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000438

FILED
Feb 19, 2009
Secretary of State

Entity Name: SARALAKE ESTATES HOMEOWNERS CORPORATION II

Current Principal Place of Business:

3900 CLARK RD
STE L-1
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

C/O JAMES MARKSBURY
3041 SARALAKE DR N
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 65-0817989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMBER, HARLAN R
3900 CLARK ROAD, STE. L-1
SARASOTA, FL 34238 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: DT () Delete
Name: PINKERTON, EUGENE
Address: 3037 SARALAKE DR N
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: CORLISS, KATHERINE
Address: 3174 SARALAKE CIRCLE
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: CREASEY, DON
Address: 3052 SARALAKE BLVD
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: SAMPLES, JOHN
Address: 3031 VIOLA DR
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: PIERSOL, BURTON
Address: 3110 JOLINE DR
City-St-Zip: SARASOTA, FL 34239

Title: VD () Delete
Name: BURTON, PIERSON
Address: 3110 JOLINE DR.
City-St-Zip: SARASOTA, FL 34239

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:

Title: VD (X) Change () Addition
Name: BURTON, PIERSOL
Address: 3110 JOLINE DR.
City-St-Zip: SARASOTA, FL 34239

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: EUGENE PINKERTON

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02/19/2009

Electronic Signature of Signing Officer or Director

Date