

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90018 029 ****61.25

DOCUMENT # N98000006799					
1. Entity Name THE LAKES AT SABLE RIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1050-A ELW PKWY OLDSMAR, FL 34677			Mailing Address 1050-A ELW PKWY OLDSMAR, FL 34677		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3661022	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCANNAVINO, INC. 1050 ELW PKWY OLDSMAR, FL 34677			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 TD	NAME BERT, WILLIE		<input type="checkbox"/> Delete		
STREET ADDRESS 22918 COLLRIDGE DR.	CITY-ST-ZIP LAND O LAKES, FL 34639		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD	NAME PARKER, CHRISTOPHER		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 22940 CALRIDGE DR.	CITY-ST-ZIP LAND O LAKES, FL 34639		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME ROBERSON, LANI		<input type="checkbox"/> Delete		
STREET ADDRESS 22943 COLLRIDGE DRIVE	CITY-ST-ZIP LAND O LAKES, FL 34639		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME DUSEK, TERRI		<input type="checkbox"/> Delete		
STREET ADDRESS 22807 ROBINS WEST COURT	CITY-ST-ZIP LAND O LAKES, FL 34639		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME FREY, JAMES		<input type="checkbox"/> Delete		
STREET ADDRESS 22932 COLLRIDGE DR	CITY-ST-ZIP LAND O LAKES, FL 34639		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<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: <i>[Signature]</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/31/06 Daytime Phone # 813-995-0855		