

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90020 028 ****61.25

DOCUMENT # N98000006799

1. Entity Name
**THE LAKES AT SABLE RIDGE HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677**

Mailing Address
**720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677**

40048297



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3661022

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCANNAVINO, INC.
720 BROOKER CREEK BLVD #206
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **BERT, WILLIE**
STREET ADDRESS **22918 COLLRIDGE DR.**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **PD** ☐ Delete
NAME **ROBERSON, LANI**
STREET ADDRESS **22943 COLLRIDGE DRIVE**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **SD** ☒ Delete
NAME **DUSEK, TERRI**
STREET ADDRESS **22807 ROBINS WEST COURT**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **VD** ☒ Delete
NAME **FREY, JAMES**
STREET ADDRESS **22932 COLLRIDGE DR**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **D** ☒ Delete
NAME **MELONY, HERRON**
STREET ADDRESS **22925 COLLRIDGE DR**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **NOFLY, GARY**
STREET ADDRESS **3917 EAGLE FLIGHT LANE**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **SCHNEIDER CHRISTOPHER**
STREET ADDRESS **22850 COLLRIDGE DR.**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **VD** ☐ Change ☒ Addition
NAME **FUSON DAVID**
STREET ADDRESS **3925 EAGLE FLIGHT LANE**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **PD** ☐ Change ☒ Addition
NAME **CHANDLER, JOHN**
STREET ADDRESS **22935 COLLRIDGE DR.**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John Chandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08
Date

Daytime Phone #