

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770346

FILED
Mar 23, 2017
Secretary of State
CC9732652624**Entity Name:** THE LAKES OF SARASOTA MAINTENANCE ASSOCIATION, INC.**Current Principal Place of Business:**5602 MARQUESAS CIR.
#103
SARASOTA, FL 34233**Current Mailing Address:**PO BOX 18809
SARASOTA, FL 34276 US**FEI Number: 59-2502633****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SUNSTATE ASSOCIATION MANAGEMENT GROUP, INC.
5602 MARQUESAS CIR.
#103
SARASOTA, FL 34233 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: MICHELLE THIBEAULT****03/23/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VP
Name ALDAMA, ALEX
Address PO BOX 18809
City-State-Zip: SARASOTA FL 34276Title DIRECTOR
Name BRUNO, KELLY
Address PO BOX 18809
City-State-Zip: SARASOTA FL 34276Title PRESIDENT
Name PENNEY, RICHARD
Address PO BOX 18809
City-State-Zip: SARASOTA FL 34276Title DIRECTOR
Name WILSON, BOB
Address PO BOX 18809
City-State-Zip: SARASOTA FL 34276Title TREASURER
Name NOA, DANNY
Address PO BOX 18809
City-State-Zip: SARASOTA FL 34276Title SECRETARY
Name TRAVINSKI, DAN
Address PO BOX 18809
City-State-Zip: SARASOTA FL 34276Title DIRECTOR
Name GLASSMOYER, BRIAN
Address PO BOX 18809
City-State-Zip: SARASOTA FL 34276Title DIRECTOR
Name ST. JOHN , JANEANE
Address PO BOX 18809
City-State-Zip: SARASOTA FL 34276**Continues on page 2**

I hereby 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 all other like empowered.

SIGNATURE: TRAVINSKI , DAN**SECRETARY****03/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TRIBOLET , MARTHA
Address	PO BOX 18809
City-State-Zip:	SARASOTA FL 34276