### 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

#### Apr 21, 2006 8:00 am Secretary of State **DOCUMENT #769011** 04-21-2006 90106 035 \*\*\*\*70.00 LAKESIDE ALTERNATIVES, INC. Principal Place of Business Mailing Address 434 W KENNEDY BLVD 434 W KENNEDY BLVD ORLANDO, FL 32810 ORLANDO, FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 CR2E037 (11/05) City & State City & State 4. FEI Numbe Applied For 59-2301233 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBB, PAMELA M Address (P.O. Box Number is Not Acceptable WINTER GARDEN -1311 S. VINELAND ROAD WINTER GARDEN, FL 34787 City 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SD ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME WILENSKY, LIN NAME STREET ADDRESS 9152 POINT CYPRESS DRIVE STREET ADDRESS ORLANDO, FL 32836 CITY-ST-ZIP CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition HORTENSE, JONES NAME NAME 307 CLARK ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EATONVILLE, FL 32751 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NEAL, THOMAS F NAME MAME STREET ADDRESS **PO BOX 87** STREET ADDRESS ORLANDO, FL 328042235 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition KASSAB, JERRY NAME NAME 434 W KENNEDY BLVD STREET ADDRESS STREET ADDRESS ORLANDO, FL 32810 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TD

CD

WHEELER, ROBERT

LONGWOOD, FL 327917609

P O BOX 917609

BALL, STEPHEN T

1780 OAKBROOK DRIVE

LONGWOOD, FL 32779

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

assof

☐ Delete

☐ Delete

407-822-var/

☐ Change

☐ Change

☐ Addition

☐ Addition

**FILED** 

## ATTACHMENT

40056590 #76901/

# Attachment Page 2

## 10. Officers/Directors (Cont'd

D Dr. Michael Bone 1177 Louisiana Avenue, Ste. 115 Winter Park, FL 32789

D Lynn Capraun 15021 Winding Ridge Clermont, FL 34711

VC/AS/D Julie Carmody 400 N. New York Avenue, Ste. 112 Winter Park, FL 32789

D Andrew Davis 800 N. Magnolia Avenue, Suite 901 Orlando, FL 32803

D Wayne Gardner 10148 Pink Carnation Court Orlando, FL 32825

D Gloria Grass 18533 State Road 44 Eustis, FL 32736

D
Dawn Neville
2000 E. Hillcrest Street, Apt. 510
Orlando, FL 32803

D Victor Uvalle 7629 Ola Drive Mt. Dora, FL 32757