

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F25726

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** STUART LAKESIDE CORPORATION

**Current Principal Place of Business:**

701 S. E. MARTIN LUTHER KING BLVD.  
STUART, FL 34994

**New Principal Place of Business:**

701 S. E. MARTIN LUTHER KING JR BLVD.  
STUART, FL 34994

**Current Mailing Address:**

701 S. E. MARTIN LUTHER KING BLVD.  
STUART, FL 34994

**New Mailing Address:**

701 S. E. MARTIN LUTHER KING JR BLVD.  
STUART, FL 34994

FEI Number: 59-2170033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

OAKOWSKY, CHARLENE  
701 S.E. MARTIN LUTHER KING BLVD.  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

OAKOWSKY, CHARLENE  
701 S.E. MARTIN LUTHER KING JR BLVD.  
STUART, FL 34994 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: CHARLENE D OAKOWSKY

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDST ( ) Delete  
Name: OAKOWSKY, CHARLENE  
Address: 613 S.E. ASHLEY OAKS WAY  
City-St-Zip: STUART, FL 34997

Title: VP ( ) Delete  
Name: OAKOWSKY, CHARLENE  
Address: 613 S.E. ASHLEY OAKS WAY  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE D OAKOWSKY

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04/24/2007

Electronic Signature of Signing Officer or Director

Date