


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90345 025 ****70.00

DOCUMENT # N00000000409					
1. Entity Name LAKESIDE PLACE, INC.					
Principal Place of Business 1800 MERCY DRIVE SUITE 100 ORLANDO, FL 32808			Mailing Address 1800 MERCY DRIVE SUITE 100 ORLANDO, FL 32808		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03062006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3627035				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAMELA MILTON ROBB, P.A. 1311 S VINELAND RD WINTER GARDEN, FL 34787			Name Street Address (P.O. Box Number is Not Acceptable) <i>1311 WINTER GARDEN - VINELAND RD.</i> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	VSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KASSAB, JERRY	NAME			
STREET ADDRESS	1159 BRANTLEY ESTATE DR	STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILENSKY, LIN	NAME			
STREET ADDRESS	9152 POINT CYPRESS DR.	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARMODY, JULIE	NAME			
STREET ADDRESS	400 N. NEW YORK AVE STE 12	STREET ADDRESS	<i>STE 112</i>		
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRASS, GLORIA	NAME			
STREET ADDRESS	2502 SANDY LN	STREET ADDRESS	<i>18533 STATE RD. 44</i>		
CITY-ST-ZIP	ORLANDO, FL 32818	CITY-ST-ZIP	<i>EUSTIS, FL 32736</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Jerry Kassar</i>		JERRY KASSAB		3-31-06 407-822-5057	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	