

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90032 020 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PAMELA MILTON ROBB, P.A. 1311 WINTER GARDEN -VINELAND RD WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent 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 _____ (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. <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	D <input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMODY, JULIE	NAME	
STREET ADDRESS	400 NORTH NEW YORK AVE SUITE 112	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRASS, GLORIA	NAME	
STREET ADDRESS	18533 STATE RD 44	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 32736	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHEL, TANIA HOOD	NAME	P/O TANIA HOOD BECKEL
STREET ADDRESS	600 W KINA ST	STREET ADDRESS	600 W. KING ST.
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ANNE MILLER
STREET ADDRESS		STREET ADDRESS	190 NORTH SHORE CIRCLE
CITY-ST-ZIP		CITY-ST-ZIP	CASSELBERRY, FL 32707
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: <u>Jerry Kamb</u> <u>Jerry Kassab</u>		Date	3-31-08 407-822-5057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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4. FEI Number 59-3627035 Applied For Not Applicable

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