

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009366

FILED
Feb 07, 2012
Secretary of State

Entity Name: LAKESIDE AT TAVARES ASSOCIATION, INC.

Current Principal Place of Business:

3848 BAYSHORE CIR
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1903
TAVARES, FL 32778

New Mailing Address:

FEI Number: 55-0813123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROTH, DEREK A
BOWEN RADSON SCHROTH, P.A.
600 JENNINGS AVE
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: BOYD, JAMES
Address: 3621 MEADOW GREEN DRIVE
City-St-Zip: TAVARES, FL 32778

Title: PD
Name: DORAN, THOMAS
Address: 3848 BAYSHORE CIR
City-St-Zip: TAVARES, FL 32778

Title: D
Name: CHRYSTOL, CAROLE
Address: 3725 BAYSHORE CIR
City-St-Zip: TAVARES, FL 32778

Title: D
Name: WILTSIE, ROBERT S
Address: 3813 BAYSHORE CIR
City-St-Zip: TAVARES, FL 32778

Title: TD
Name: BARTO, FRANK
Address: 3707 WINDY MEADOW
City-St-Zip: TAVARES, FL 32778

Title: SD
Name: HAAG, SHARON
Address: 3801 BAYSHORE CIR
City-St-Zip: TAVARES, FL 32778

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: FRANK CARLSSON LCAM

MANG

02/07/2012

Electronic Signature of Signing Officer or Director

_____ Date