


FILED
Jan 25, 2007 08:00 A
Secretary of State

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002226	
1. Entity Name LAKESIDE VILLAGE OF DAVIE PROPERTY OWNER'S ASSOCIATION, INC.	

Principal Place of Business 2001 SAMPLE RD #320 POMPANO BCH, FL 33064	Mailing Address 2001 SAMPLE RD #320 POMPANO BCH, FL 33064
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0300433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEMOW, JORDAN
2001 SAMPLE RD #320
POMPANO BCH, FL 33064

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature symbol is printed name of registered agent and FEI # applicable. NOTE: Registered Agent signature required when reissuing.

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLEMOW, JORDAN 2001 SAMPLE RD #320 POMPANO BCH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLEMOW, HAROLD 2001 SAMPLE RD #320 POMPANO BCH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, ROBERT M 2001 SAMPLE RD #320 POMPANO BCH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000604123
01/29/07-80041-007 61.25

11. 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 employees.

SIGNATURE: *Jordan F. Klemow* 1/22/07 954-969-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #