

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

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



01252008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 30-0300433 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE D
 NAME KLEWOW, JORDAN
 STREET ADDRESS 2001 SAMPLE RD #320
 CITY-ST-ZIP POMPANO BCH, FL 33064

TITLE D
 NAME KLEWOW, HAROLD
 STREET ADDRESS 2001 SAMPLE RD #320
 CITY-ST-ZIP POMPANO BCH, FL 33064

TITLE D
 NAME BAKER, ROBERT M
 STREET ADDRESS 2001 SAMPLE RD #320
 CITY-ST-ZIP 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

U00000863119
 04/09/08-80034-022-61.25

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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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08 9549695111
 Date Daytime Phone #