

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003147

FILED
Jan 20, 2009
Secretary of State

Entity Name: LAKESIDE PRESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5439 BEAUMONT CENTER BOULEVARD
SUITE 1050
TAMPA, FL 33634

New Principal Place of Business:

4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634

Current Mailing Address:

5439 BEAUMONT CENTER BOULEVARD
SUITE 1050
TAMPA, FL 33634

New Mailing Address:

4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634

FEI Number: 20-4336580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE MYER REAL MANAGE, LLC
550 N REO ST
STE 300
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

WADE MYERS, REALMANAGE,LLC
4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634 US

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: WADE MYERS

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CORACE, PAUL
Address: 5439 BEAUMONT CENTER BLVD., SUITE 1050
City-St-Zip: TAMPA, FL 33634

Title: PD () Delete
Name: WILSON, SHAWN
Address: 5439 BEAUMONT CENTER BLVD., SUITE 1050
City-St-Zip: TAMPA, FL 33634

Title: STD () Delete
Name: GREENE, JOY
Address: 5439 BEAUMONT CENTER BLVD STE 1050
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL CORACE

VD

01/20/2009

Electronic Signature of Signing Officer or Director

Date