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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90028 042 ****61.25

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1. Entity Name
LAKESIDE CROSSING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
701 S. MADISON AVENUE
CLEARWATER, FL 33756

Mailing Address
701 S. MADISON AVENUE
CLEARWATER, FL 33756

50000283



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
clo Sterling NGT

07102007 Chg-NP CR2E037 (12/06)

City & State

City & State
2870 Sch Gager Dr. #100

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip
33716

Country
FL

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

6. Name and Address of Current Registered Agent

ZARETSKY, LOUIS D ESQ.
555 NE 15TH STREET
SUITE #100
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name
Joe R. Cianfrone P.A.

Street Address (P.O. Box Number is Not Acceptable)
1604 Bayshore Blvd.

City
Dunedin

FL Zip Code
34698

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 *Joseph R. Cianfrone President* *Joseph R. CIANFRONE, P.A.* *3/11/08*

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

Filing Fee is \$61.25
Due by September 14, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHLER, IDO 701 S. MADISON AVENUE CLEARWATER, FL 33756	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD REIF, SHLOMO 701 S. MADISON AVENUE CLEARWATER, FL 33756	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BADANI, ALON 701 S. MADISON AVENUE CLEARWATER, FL 33756	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MINKOFF, URI 701 S. MADISON AVE CLEARWATER, FL 33756	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBOROUGH, TANDAE 16712 DALTON AVE TAMPA, FL 33615	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *IDO Fischler 2/27/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #