


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11510 (7)**

1. Corporation Name  
**LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION OF OKAL  
 OOSA COUNTY, INC.**



Principal Place of Business <b>400 WESTLAKE CT          POST OFFICE BOX 5272. BWB          NICEVILLE FL 32578          US</b>	Mailing Address <b>400 WESTLAKE CT          POST OFFICE BOX 5272. BWB          NICEVILLE FL 32578          US</b>
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3. Date Incorporated or Qualified <b>10/09/1985</b>	
4. FEI Number <b>59-2652620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**ABBOTT REALTY SERVICES, INC.  
 35000 EMERALD COAST PARKWAY  
 DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARIM, SHOMELA R.</b>	1.2 NAME	
STREET ADDRESS	<b>314 WESTLAKE CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECK, FRANCIS</b>	2.2 NAME	
STREET ADDRESS	<b>2931 DELA VAN DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELNOR MO</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALL, STEPHEN J.</b>	3.2 NAME	
STREET ADDRESS	<b>210 SOUTHLAKE CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLAVAN, BOB</b>	4.2 NAME	
STREET ADDRESS	<b>214 WESTLAKE CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, ROBERT J.</b>	5.2 NAME	
STREET ADDRESS	<b>601 FAIRWAY AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)