

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90040 012 \*\*\*\*70.00

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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**DOCUMENT # N11510**

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

|   |   |
|---|---|
| Principal Place of Business<br>400 WESTLAKE CT<br>POST OFFICE BOX 5272. BWB<br>NICEVILLE FL 32578<br>US | Mailing Address<br>400 WESTLAKE CT<br>POST OFFICE BOX 5272. BWB<br>NICEVILLE FL 32578<br>US |
|---|---|

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|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>10/09/1985   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2652620<br>Applied For<br>Not Applicable  |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required         |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><b>ABBOTT REALTY SERVICES, INC.<br/>35000 EMERALD COAST PARKWAY<br/>DESTIN FL 32541</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |
|--|---|

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>KARIM, SHOMELA R.<br>314 WESTLAKE CT<br>NICEVILLE FL<br><input type="checkbox"/> DELETE        | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>LABER, SHOMELA R.<br>PO BOX 1793<br>EGLW AFB, FL 32542        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ECK, FRANCIS<br>2931 DELA VAN DRIVE<br>BELNOR MO<br><input type="checkbox"/> DELETE             | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BALL, STEPHEN J.<br>210 SOUTHLAKE CT.<br>NICEVILLE FL<br><input type="checkbox"/> DELETE         | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>GALLAVAN, BOB<br>214 WESTLAKE CT<br>NICEVILLE FL<br><input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>VPD<br>LABCE, CHARLES J.<br>PO BOX 1793<br>EGLW AFB, FL 32542 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>WALLACE, ROBERT J.<br>601 FAIRWAY AVE<br>FT. WALTON BEACH FL<br><input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>41 COUNTRY CLUB RD.<br>SHALIMAR, FL 32579                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: ROBERT J. WALLACE 01-06-99 850-609-6062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)