

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90118 001 ***300.00

DOCUMENT # **N11510** INCORPORATED 10/09/1985
 1. Entity Name
LAKESIDE VILLAGE CONDOMINIUM
ASSOCIATION OF OKALOOSA COUNTY, INC.

Principal Place of Business Mailing Address
501 WEST LAKE COURT **501 WEST LAKE COURT**
POST OFFICE BOX 5272 - BWB **P.O. BOX 5272 - BWB**
MILSVILLE, FL 32578 **MILSVILLE, FL 32578**

16888

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2652620** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ABBOTT REALTY SERVICES, INC.
3500 EMERALD COAST PARKWAY
DESTIN, FL 32541

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	LARCE, SHOMELA R.	
STREET ADDRESS	23 SUNSET BRIDGE DR.	
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ECK, FRANCIS	
STREET ADDRESS	2931 DELAUN DR.	
CITY-ST-ZIP	BEL MOR, MO 63121	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALL, STEPHEN T.	
STREET ADDRESS	210 SOUTH LAKE COURT	
CITY-ST-ZIP	MILSVILLE, FL 32578	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LARCE, CHRIST J.	
STREET ADDRESS	23 SUNSET BRIDGE DR.	
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARIG, CAROL	
STREET ADDRESS	119 RAWTRGS BLVD.	
CITY-ST-ZIP	MILSVILLE, FL 32578	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WAMAC, ROBERT J.	
STREET ADDRESS	41 COUNTRY CLUB ROAD	
CITY-ST-ZIP	SHALIMAR, FL 32579	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: **Robert J. Wamac** **ROBERT J. WAMAC ASST SECRETARY 5-5-00 850-657-0012**

CR2E037 (9/99)