

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12927 (2)
1. Corporation Name
LAKESIDE VILLAGE PROPERTY OWNERS' ASSOCIATION, I NC.



Principal Place of Business PO BOX 640790 BEVERLY HILLS FL 34464-0790 US	Mailing Address P.O. BOX 640790 BEVERLY HILLS FL 34464-0790 US
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3. Date Incorporated or Qualified 01/09/1986	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2702100	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NELSON, JOHN A
2218 HWY 44 W
INVERNESS FL 34453**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEAVER, ANN	
STREET ADDRESS	3583 N LAURELWOOD LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL 34465-3310	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KING, BEVERLY	
STREET ADDRESS	3614 N. LAUERLWOOD LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BECKMAN, ROBERT	
STREET ADDRESS	3585 N. WILLOWTREE POINT	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOSS, KENNETH	
STREET ADDRESS	3640 N. LAURELWOOD LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	VDP	<input type="checkbox"/> DELETE
NAME	LORENSEN, ARTHUR	
STREET ADDRESS	3607 N. LAURELWOOD LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY HEFFERNAN	
1.3 STREET ADDRESS	3610 N. LAKESIDE VILLAGE	
1.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHARD DIGGS	
3.3 STREET ADDRESS	3617 N. LONGPINE PT	
3.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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.

SIGNATURE: *Richard D. Duggs* 2/19/98 352-527 8922

CR2E037 (10/97)