


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90416 050 ****61.25

DOCUMENT # N12927					
1. Entity Name LAKESIDE VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2702100	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LYN, DENISE A 121 N APOPKA AVE. INVERNESS, FL 34450			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERVIS, RALPH JR		NAME		
STREET ADDRESS	3560 WILLOWTREE		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLEN, GERALD		NAME		
STREET ADDRESS	3607 N LAURELWOOD LOOP		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/D SHARON O'BRIEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORLEY, MARILYN		NAME		
STREET ADDRESS	3600 N WILLOWTREE PT		STREET ADDRESS	3627 LONGPINE	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, MARYANN		NAME		
STREET ADDRESS	3550 WILLOWTREE		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V.P. GERALD E FISH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROMETER, ROBERT		NAME		
STREET ADDRESS	3623 LONGPINE		STREET ADDRESS	3634 N. LAURELWOOD LOOP	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIFFER, ALICE		NAME		
STREET ADDRESS	3604 LAURELWOOD LOOP		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
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: <i>Gerald E Fish</i>			Date: <i>2/20/07</i>		Daytime Phone #: <i>352-746-3102</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #