

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90157 003 \*\*\*\*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 #  
**3627 LONGPINE POINT**

3. Mailing Address  
**PO BOX 640790**

Suite, Apt. #, etc.

01252008 Chg-NP CR2E037 (12/06)

City & State  
**BEVERLY HILLS FL**

City & State  
**BEVERLY HILLS FL**

Zip  
**34465**

Country  
**USA**

Zip  
**34464**

Country  
**USA**

4. FEI Number  
**59-2702100**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LYN DENISE A**  
**121 N APOPKA AVE.**  
**INVERNESS, FL 34450**

7. Name and Address of New Registered Agent

Name  
**PETER HOFSTRA**

Street Address (P.O. Box Number is Not Acceptable)  
**8640 SEMINOLE BOULEVARD**

City  
**SEMINOLE**

FL

Zip Code  
**33772**

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 PETER HOFSTRA DATE 4-15-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JERVIS, RALPH JR 3560 WILLOWTREE BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OBRIEN, SHARON 3627 LONGPINE BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WORLEY, MARILYN 3800 N WILLOWTREE PT BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AUSTIN, MARYANN 3550 WILLOWTREE BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROMETER, ROBERT 3634 N LAURELWOOD LOOP BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEIFFER, ALICE 3604 LAURELWOOD LOOP BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & TREASURER Gerald Pollen 3607 Laurelwood Loop Beverly Hills FL 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICe President GERARD FISH 3634 N LAURELWOOD LOOP Beverly Hills FL 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ON CAROL EICHMAN 3660 N LAURELWOOD LOOP BEVERLY HILLS, FL 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gerald & Fish DATE: 2/26/08 DAYTIME PHONE #: 352-746-3102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR