
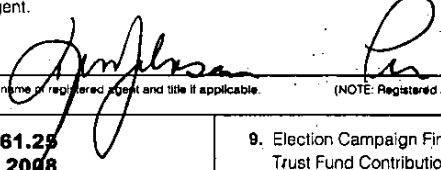
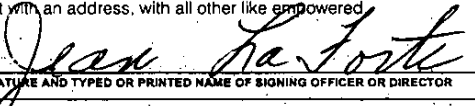


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90029 013 \*\*\*\*61.25

<b>DOCUMENT # N22255</b> 1. Entity Name <b>LAKESIDE VILLAGE COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business % COMMUNITY MANAGEMENT SERVICES, INC. 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652			Mailing Address % COMMUNITY MANAGEMENT SERVICES, INC. 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box # <b>5837 Traube Creek Rd.</b>		3. Mailing Address <b>5837 Traube Creek Rd.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>New Port Richey, FL</b>		City & State <b>New Port Richey, FL</b>		4. FEI Number <b>59-2891652</b>	
Zip <b>34652</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  COMMUNITY MANAGEMENT SERVICES, INC. 5609 US 19, SUITE E NEW PORT RICHEY, FL 34652.			7. Name and Address of New Registered Agent  Name <b>Community Management Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5837 Traube Creek Rd.</b>  City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>		
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					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME SCHOENEBERG, JUDITH STREET ADDRESS 12828 SAND CRANE WAY CITY-ST-ZIP HUDSON, FL 34669	<input type="checkbox"/> Delete		TITLE P NAME Jean LaForte STREET ADDRESS 12830 Sand Crane Way CITY-ST-ZIP Hudson, FL 34669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTD NAME MARQUIS, VIRGINIA STREET ADDRESS 12832 SAND CRANE WAY CITY-ST-ZIP HUDSON, FL 34669	<input checked="" type="checkbox"/> Delete		TITLE T NAME Harold Mercer STREET ADDRESS 12836 Sand Crane Way CITY-ST-ZIP Hudson, FL 34669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME LAFORTE, JEAN STREET ADDRESS 12830 SAND CRANE WAY CITY-ST-ZIP HUDSON, FL 34669	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: 			4-3-08 727-816-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		