


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N24499 1. Entity Name LAKESIDE NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 2389 TREASURE ISLE DR PALM BEACH GARDENS FL 33410	Mailing Address 2400 CENTREPARK DR WEST 172 WEST PALM BEACH FL 33409
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MOORE CR2E037 (11/03)

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

4. FEI Number 65-0054017	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
STAEHLE, RUTH S 2480 TREASURE ISLE DR PALM BEACH GARDENS FL 33410

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete STAEHLE, RUTH S
NAME	2480 TREASURE ISLE
STREET ADDRESS	PALM BEACH GARDENS FL 33410
CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete TROJANO, TRUDY C
NAME	2474 TREASURE ISLE DR
STREET ADDRESS	PALM BEACH GARDENS FL 33410
CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete ELDRIDGE, TIM
NAME	2450 TREASURE ISLE DR
STREET ADDRESS	PALM BEACH GARDENS FL 33410
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete GENNARELLI, CHARLES
NAME	2378 TREASURE ISLE DR
STREET ADDRESS	PALM BEACH GARDENS FL 33410
CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete GALLAGHER, GERARD
NAME	2462 TREASURE ISLE DR
STREET ADDRESS	PALM BEACH GARDENS FL 33410
CITY-ST-ZIP	
TITLE	YD <input type="checkbox"/> Delete HENSON, JAMES
NAME	2438 TREASURE ISLE DR
STREET ADDRESS	PALM BEACH GARDENS FL 33410
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000073720 03/02/04-80049-004 61.25
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)(f), 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: _____ *[Signature]* Date: **2-4-04** Daytime Phone #: **561-799-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR