


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2007 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 SEACREST SERVICES, INC. 2400 CENTRE PARK W. DR., #175 WEST PALM BEACH FL 33409
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

2nd MOORE CR2E037 (4/07)

4. FEI Number 65-0054017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW: FEE IS \$61.25
Due By September 5, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000771877 09/10/07-80004-023 \$1.25
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<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: *Donna Martin*

8-10-07 561-512-8448