


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90042 019 ****61.25

DOCUMENT # N24499							
1. Entity Name LAKESIDE NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.							
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				
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 65-0054017			
Applied For		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
Not Applicable		01152008 Chg-NP		CR2E037 (12/06)			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
STAEHLE, RUTH S 2480 TREASURE ISLE DR PALM BEACH GARDENS, FL 33410			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 <i>Ruth S Staehle</i>		DATE <i>1/21/08</i>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STAEHLE, RUTH S		NAME				
STREET ADDRESS	2480 TREASURE ISLE		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TROJANO, TRUDY C		NAME	DONNA MARTIN			
STREET ADDRESS	2474 TREASURE ISLE DR		STREET ADDRESS	2354 TREASURE ISLE DR			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELDRIDGE, TIM		NAME				
STREET ADDRESS	2450 TREASURE ISLE DR		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GENNARELLI, CHARLES		NAME				
STREET ADDRESS	2378 TREASURE ISLE DR		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALLAGHER, GERARD		NAME				
STREET ADDRESS	2462 TREASURE ISLE DR		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENSON, JAMES		NAME				
STREET ADDRESS	2438 TREASURE ISLE DR		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		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 fee empowered.							
SIGNATURE: <i>Ruth S Staehle</i>		DATE: <i>1/21/08</i>		DAYTIME PHONE: <i>561-626-9413</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

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