

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36764 (1)**  
1. Corporation Name  
**LAKESIDE GARDENS HOMEOWNERS ASSN., INC.**



Principal Place of Business <b>252 LAKESIDE GARDENS LAKE WALES FL 33853-5735</b>	Mailing Address <b>212 LAKESIDE GARDEN CIRCLE LAKE WALES FL 33853-8735 US</b>
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3. Date Incorporated or Qualified  
**02/21/1990**

4. FEI Number <b>59-3016300</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
					<b>212 Lakeside Garden Circle</b>	<b>Lake Wales, FL</b>	<b>33853</b>	<b>U.S.A.</b>	<b>U.S.A.</b>

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

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**BADGER, ELIZABETH  
212 LAKESIDE GARDEN CIRCLE  
LAKE WALES FL 33853-8735**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Elizabeth Badger DATE: 1-28-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	HENCY, CLAUDIS	
STREET ADDRESS	231 LAKESIDE GARDEN CIRCLE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HOLDMAN, JOHN	
STREET ADDRESS	318 SUNSHINE DR	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCQUEEN, NORMA	
STREET ADDRESS	199 LAKESIDE GARDEN CIRCLE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D/T	<input type="checkbox"/> DELETE
NAME	BADGER, ELIZABETH	
STREET ADDRESS	212 LAKESIDE GARDEN CIRCLE	
CITY-ST-ZIP	LAKE WALES FL 33853-8735	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BADGER, RICHARD D	
STREET ADDRESS	212 LAKESIDE GARDEN CIR	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V.P. Paul Hamilton</b>
2.3 STREET ADDRESS	<b>193 Lakeside Garden Circle</b>
2.4 CITY-ST-ZIP	<b>Lake Wales, FL 33853</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth Badger DATE: 1-28-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E037 (10/97)