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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N36764

1. Corporation Name
LAKESIDE GARDENS HOMEOWNERS ASSN., INC.

Principal Place of Business
 252 LAKESIDE GARDENS
 LAKE WALES FL 33853-5735

Mailing Address
 212 LAKESIDE GARDEN CIR
 LAKE WALES FL 33853-8735
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/21/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3016300	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BADGER, ELIZABETH 212 LAKESIDE GARDEN CIRCLE LAKE WALES FL 33853-8735				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
				FL			

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENCY, CLAUDIS		1.2 NAME	HAMILTON, PAUL	
STREET ADDRESS	231 LAKESIDE GARDEN CIRCLE		1.3 STREET ADDRESS	193 Lakeside Garden Cir.	
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CITY-ST-ZIP	Lake Wales, Fl. 33853	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, PAUL		2.2 NAME	JONES, JERRY	
STREET ADDRESS	193 LAKESIDE GARDEN CIR		2.3 STREET ADDRESS	820 Lakeside Garden Cir.	
CITY-ST-ZIP	LAKE WALES FL 33853		2.4 CITY-ST-ZIP	Lake Wales, Fl. 33853	
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUEEN, NORMA		3.2 NAME	HAYS, LAURA	
STREET ADDRESS	199 LAKESIDE GARDEN CIRCLE		3.3 STREET ADDRESS	204 Lake side Garden Cir	
CITY-ST-ZIP	LAKE WALES FL 33853		3.4 CITY-ST-ZIP	Lake Wales, Fl. 33853	
TITLE	D/T	<input type="checkbox"/> DELETE	4.1 TITLE	D/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADGER, ELIZABETH		4.2 NAME	BADGER,	
STREET ADDRESS	212 LAKESIDE GARDEN CIRCLE		4.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	LAKE WALES FL 33853-8735		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADGER, RICHARD D		5.2 NAME		
STREET ADDRESS	212 LAKESIDE GARDEN CIR		5.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: ELIZABETH BADGER DATE: 2-16-99 DAYTIME PHONE: 941-638-2205

CR2E037 (1/198)