

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 31 PM 3:25**

**DOCUMENT # N37043 (9)**

1. Corporation Name  
**LAKE SIDE ESTATES PHASE II HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**R.R. 6, BOX 6192 ARCADIA FL 33821**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/09/1990</b>	3a. Date of Last Report <b>03/21/1994</b>
4. FEI Number <b>65-0181725</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> <b>\$68.75 Supplemental Fee Not Required</b>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>25</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent <b>CHAFE, GORDON L 1381 S.E. LAKE ROAD ARCADIA FL 33821</b>		10. Name and Address of New Registered Agent	
		81 Name <b>Gregoire, Edmond</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>1313 S.E. Lake Rd.</b>	
		83	
		84 City <b>Arcadia</b>	85 Zip Code <b>FL 33821</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **EDMOND A. GREGOIRE PRESIDENT** *Edmond A. Gregoire* **3-27-95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b>	NAME <b>CHAFE, GORDON</b>	1.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1381 S.E. LAKE ROAD</b>	CITY - ST - ZIP <b>ARCADIA FL 33821</b>	1.2 NAME <b>Gregoire, Edmond</b>	
		1.3 STREET ADDRESS <b>1313 S.E. Lake Rd.</b>	
		1.4 CITY - ST - ZIP <b>Arcadia, FL 33821</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	NAME <b>JOHNSON, RAYMOND W</b>	2.1 TITLE <b>T/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1275 S.E. LAKE ROAD</b>	CITY - ST - ZIP <b>ARCADIA FL 33821</b>	2.2 NAME <b>Johnson, Raymond W</b>	
		2.3 STREET ADDRESS <b>1275 S.E. Lake Rd.</b>	
		2.4 CITY - ST - ZIP <b>Arcadia FL 33821</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>BURRETT, HELEN</b>	3.1 TITLE <b>S/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1231 S.E. LAKE ROAD</b>	CITY - ST - ZIP <b>ARCADIA FL 33821</b>	3.2 NAME <b>Burrett, Helen</b>	
		3.3 STREET ADDRESS <b>1231 S.E. Lake Rd</b>	
		3.4 CITY - ST - ZIP <b>Arcadia FL 33821</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	NAME <b>BROWN, JOHN</b>	4.1 TITLE <b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1347 S.E. LAKE ROAD</b>	CITY - ST - ZIP <b>ARCADIA FL 33821</b>	4.2 NAME <b>Fortune, John</b>	
		4.3 STREET ADDRESS <b>1245 S.E. Lake Rd</b>	
		4.4 CITY - ST - ZIP <b>Arcadia, FL 33821</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Edmond Gregoire* **Edmond Gregoire** **3-16-95**  
Signature AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date (Day/Mo/Yr)