

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N37043 (9)**

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



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

Mailing Address
**R.R. 6, BOX 6192
ARCADIA FL 33821**

3. Date Incorporated or Qualified **03/09/1990** 3a. Date of Last Report **03/31/1995**

2. Principal Place of Business
21 **same**
Suite, Apt. #, etc.
22 City & State
23 **Arcadia, Florida**
Zip Country
24 **33821** 25
26 **J. R. MUNDELL**
Suite, Apt. #, etc.
27 **120 w. Oak St.**
City & State
28 **Arcadia, Florida**
Zip Country
29 **33821** 30

4. FEI Number **65-0181725** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GREGOIRE, EDMOND
1313 S.E. LAKE ROAD
ARCADIA FL 33821**

10. Name and Address of New Registered Agent
81 Name **Same**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 *Edmond Gregoire* DATE **1-27-96**
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GREGOIRE, EDMOND	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1313 S.E. LAKE ROAD	1.2 NAME	same
STREET ADDRESS	ARCADIA FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	TD JOHNSON, RAYMOND W	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1275 S.E. LAKE ROAD	2.2 NAME	TD
STREET ADDRESS	ARCADIA FL 33821	2.3 STREET ADDRESS	CLARON LUEDTKE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	1327 S. E. LAKE RD.
TITLE	SD BURRETT, HELEN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1231 S.E. LAKE ROAD	3.2 NAME	same
STREET ADDRESS	ARCADIA FL 33821	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VD FORTUNE, JOHN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1245 S.E. LAKE ROAD	4.2 NAME	same
STREET ADDRESS	ARCADIA FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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* DATE: **1-27-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)