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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37043 (9)
 1. Corporation Name
LAKE SIDE ESTATES PHASE II HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 2326 ST. PACKEWEG ST. ARCADIA FL 34226 US	Mailing Address MUNDELL, J.R. 120 W. OAK ST. ARCADIA FL 33821 US
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3. Date Incorporated or Qualified
03/09/1990

4. FEI Number 65-0181725	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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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
**BURRETT, HELEN
 1231 S.E. LAKE RD.
 ARCADIA FL 34266**

10. Name and Address of New Registered Agent
81 Name
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BURRETT, HELEN 1231 S.E. LAKE RD. ARCADIA FL	1.1 TITLE BURRETT Helen	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS 1231 SE LAKE RD	
CITY-ST-ZIP		1.4 CITY-ST-ZIP ARCADIA, FL 34266	
TITLE TD	LUEDTKE, CAROLYN 13275 E LAKE RD. ARCADIA FL	2.1 TITLE TD ZIMMERMAN NEAL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS 1381 SE LAKE RD	
CITY-ST-ZIP		2.4 CITY-ST-ZIP ARCADIA, FL 34266	
TITLE VPD	FORTUNE, JOHN 1245 S.E. LAKE RD. ARCADIA FL	3.1 TITLE SD BURRETT Helen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS 1231 LAKE RD	
CITY-ST-ZIP		3.4 CITY-ST-ZIP ARCADIA, FL 34266	
TITLE VD	FORTUNE, JOHN 1245 S.E. LAKE ROAD ARCADIA FL	4.1 TITLE JD CARR PATRICK	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS 1278 SE LAKE RD	
CITY-ST-ZIP		4.4 CITY-ST-ZIP ARCADIA, FL 34266	
TITLE S	HARRISON, MARY 1352 S.E. LAKE RD. ARCADIA FL	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		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.

SIGNATURE: *Mary Harrison* **3-12-98** 941-494-9232

CF2E037 (10/97)