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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N37043**

1. Corporation Name

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

Principal Place of Business

Mailing Address

2328 ST. PACKEWEG ST.  
 ARCADIA FL 34226  
 US

MUNDELL, J.R.  
 120 W. OAK ST.  
 ARCADIA FL 33821  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/09/1990	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	65-0181725	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	VERNER LAUX	
82	Street Address (P.O. Box Number is Not Acceptable)	2307 RACKEWEG STREET	
83	City	ARCADIA	FLORIDA
84	Zip Code	34266	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 Verner Laux PRESIDENT FEBRUARY 2 1999 DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRETT, HELEN	1.2 NAME	VERNER LAUX
STREET ADDRESS	1231 S.E. LAKE RD.	1.3 STREET ADDRESS	2307 RACKEWEG ST. ARCADIA FL 34266
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUEDTKE, CAROLYN	2.2 NAME	HELEN BURRETT
STREET ADDRESS	13275 E LAKE RD.	2.3 STREET ADDRESS	1231 S.E., LAKE RD. ARCADIA FL. 34266
CITY-ST-ZIP	ARCADIA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRETT, HELEN	3.2 NAME	HELEN BURRETT
STREET ADDRESS	1231 LAKE RD	3.3 STREET ADDRESS	1231 S. E. LAKE RD. ARCADIA FL. 34266
CITY-ST-ZIP	ARCADIA FL 34266	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTUNE, JOHN	4.2 NAME	PATRICK CARR
STREET ADDRESS	1245 S.E. LAKE ROAD	4.3 STREET ADDRESS	1278 S.E. LAKE RD. ARCADIA FL
CITY-ST-ZIP	ARCADIA FL	4.4 CITY-ST-ZIP	34266
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	BOARD OF DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, MARY	5.2 NAME	THOMAS KUTCHER
STREET ADDRESS	1352 S.E. LAKE RD.	5.3 STREET ADDRESS	2336 RACKEWEG ST ARCADIA FL. 34266
CITY-ST-ZIP	ARCADIA FL	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	BOARD OF DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, PATRICK	6.2 NAME	RAYMOND JOHNSON
STREET ADDRESS	1278 SE LAKE DR	6.3 STREET ADDRESS	1275 S. E. LAKE RD. ARCADIA FL
CITY-ST-ZIP	ARCADIA FL 34266	6.4 CITY-ST-ZIP	34266

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: Verner Laux SIGNATURE REQUIRED FEBRUARY 2 1999 941 494-2575  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)