


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90302 018 ****61.25

DOCUMENT # N37043					
1. Entity Name LAKE SIDE ESTATES PHASE II HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 2328 SE RACKEWEG ST ARCADIA, FL 34226 US			Mailing Address P.O BOX 584 ARCADIA, FL 34265 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0181725	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICHOLS, BERNARD 2347 RACKEWEG ST. ARCADIA, FL 34266			Name <u>Beverly Rose</u> Street Address (P.O. Box Number is Not Acceptable) <u>1259 SE Lake Rd</u> City <u>Arcadia</u> <u>FL</u> Zip Code <u>34266</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Beverly Rose</u>			DATE <u>4/23/04</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLS, BERNARD		NAME	Beverly Rose	
STREET ADDRESS	2347 RACKEWEG ST.		STREET ADDRESS	1259 SE Lake Rd	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, PAT		NAME	Richard Dehm	
STREET ADDRESS	1289 S.E. LAKE RD.		STREET ADDRESS	1201 SE Lake Rd	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	Sec/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALIMON, BETTY J		NAME	Judie Wittie	
STREET ADDRESS	1378 S.E. LAKE RD.		STREET ADDRESS	1355 SE Lake Rd	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEHM, RICHARD		NAME	Gerald Visser	
STREET ADDRESS	1221 S.E. LAKE RD.		STREET ADDRESS	1298 SE Lake Rd	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, BEVERLY		NAME	Al Prescott	
STREET ADDRESS	1259 S.E. LAKE RD		STREET ADDRESS	1231 SE Lake Rd	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, GEO P		NAME	Carl Deht	
STREET ADDRESS	1375 S.E. LAKE RD.		STREET ADDRESS	1316 SE Lake Rd	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP	Arcadia, FL 34266	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Beverly Rose</u>			DATE <u>4/23/04</u> (813) 494-4159		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		