

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90017 030 ****61.25



DOCUMENT # N37043
1. Entity Name
LAKE SIDE ESTATES PHASE II HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
2328 SE RACKEWEG ST P.O BOX 584
ARCADIA FL 34226 ARCADIA FL 34265
US US



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
4. FEI Number Applied For
65-0181725 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSE, BEVERLY
1259 SE LAKE RD.
ARCADIA FL 34266

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>President</i> <input type="checkbox"/> Delete ROSE, BEVERLY 1259 SE LAKE RD. ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete DEHM, RICAHRD 1221 SE LAKE RD. ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete WITTIE, JUDIE 1355 SE LAKE RD. ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VISSER, GERALD 1298 SE LAKE RD. ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PRESCOTT, AL 1231 SE LAKE RD. ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BATES, GLORIA 1327 SE LAKE RD ARCADIA FL 34266

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1378 SE LAKE RD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELLIE ELIMON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1352 SE LAKE RD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELAINE PRIEST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2341 RACKEWEG ST ARCADIA FL 34266 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHARLEY PRIEST

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Beverly Rose*