

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90107 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000004566					
1. Corporation Name LAKESIDE AT CREEKWOOD ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 20873 N/A BRADENTON FL 34204-0873 US			Mailing Address P.O. BOX 20873 BRADENTON FL 34204-0873 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/08/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3317823	
24 Country		29 Country		30	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution ☐					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KALICH, DENNIS 5115 73RD STREET EAST BRADENTON FL 34203				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 *[Signature]* DATE *4-8-99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	☒ DELETE		1.1 TITLE	DP	☐ Change	☒ Addition
NAME	WARBURTON, GLENN			1.2 NAME	Norman Klawunn		
STREET ADDRESS	7402 49TH AVE E			1.3 STREET ADDRESS	4839 77th St E		
CITY-ST-ZIP	BRADENTON FL 34203			1.4 CITY-ST-ZIP	Bradenton, FL 34203		
TITLE	DV	☒ DELETE		2.1 TITLE	DS	☐ Change	☒ Addition
NAME	HAYWOOD, WAYNE			2.2 NAME	Grenier, William		
STREET ADDRESS	7614 49TH AVE E			2.3 STREET ADDRESS	5012 76th St E		
CITY-ST-ZIP	BRADENTON FL 34203			2.4 CITY-ST-ZIP	Bradenton, FL 34203		
TITLE	DP	☐ DELETE		3.1 TITLE	D	☒ Change	☐ Addition
NAME	KALICH, DENNIS			3.2 NAME			
STREET ADDRESS	5115 73 RD ST. E.			3.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34203			3.4 CITY-ST-ZIP			
TITLE	DT	☐ DELETE		4.1 TITLE		☐ Change	☐ Addition
NAME	FENDER, PETER			4.2 NAME	✓		
STREET ADDRESS	7503 50TH TER. E.			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34203			4.4 CITY-ST-ZIP			
TITLE	D	☒ DELETE		5.1 TITLE	D	☐ Change	☒ Addition
NAME	LEMP, BRIAN			5.2 NAME	Gustafson, Robert		
STREET ADDRESS	5007 76TH ST E			5.3 STREET ADDRESS	4811 77th St E		
CITY-ST-ZIP	BRADENTON FL 34203			5.4 CITY-ST-ZIP	Bradenton, FL 34203		
TITLE	D	☒ DELETE		6.1 TITLE	D	☐ Change	☒ Addition
NAME	BOURLAND, LARRY			6.2 NAME	Hess, Cheryl		
STREET ADDRESS	7402 50TH TERR. E.			6.3 STREET ADDRESS	5011 76th St E.		
CITY-ST-ZIP	BRADENTON FL 34203			6.4 CITY-ST-ZIP	Bradenton, FL 34203		

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: *Peter Fender* REQUIRED *Peter Fender* 4/8/99 941-751-4169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)