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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11510 (7)

1. Corporation Name

LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION OF OKAL
OOSA COUNTY, INC.

Principal Place of Business

Mailing Address

400 WESTLAKE CT
POST OFFICE BOX 5272. BWB
NICEVILLE FL 32578
US

400 WESTLAKE CT
POST OFFICE BOX 5272. BWB
NICEVILLE FL 32578-5272
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ABBOTT REALTY SERVICES, INC.
35000 EMERALD COAST PARKWAY
DESTIN FL 32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KARIM, SHOMELA R.	
STREET ADDRESS	314 WESTLAKE CT	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAUGHTRY, SHEILA	
STREET ADDRESS	9533 RAINIER CIR	
CITY-ST-ZIP	NAVARRE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CARRON, MONI	
STREET ADDRESS	301 WESTLAKE CT	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GALLAVAN, BOB	
STREET ADDRESS	214 WESTLAKE CT	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WALLACE, ROBERT J.	
STREET ADDRESS	601 FAIRWAY AVE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for exemption indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified 10/09/1985	3a. Date of Last Report 01/29/1996
4. FEI Number 59-2652620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

1. Name	
2. Street Address (P.O. Box Number is Not Acceptable)	
3. City	FL 85 Zip Code

I, the undersigned, being a duly authorized officer or director of the corporation, hereby certify that the foregoing is a true and correct copy of the information required to be filed by this corporation's board of directors. I hereby accept the appointment as registered agent.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1	STD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	
1.3	
1.4	NICEVILLE, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2	ECK, FRANCIS
2.3	2931 DELA VAN DRIVE
2.4	BEL NOK, MO 63121 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1	BAN, STEPHEN J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	210 SOUTHWALKS COURT
3.3	NICEVILLE, FL 32578
3.4	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1	NICEVILLE, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.3	
4.4	
4.5	
4.6	FT WALTON BEACH, FL 32547 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.7	
4.8	
4.9	
4.10	

Exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath; that I have filed this report as required by Chapter 617, Florida Statutes; and that my name

DAWACE AS 2-15-97 904-864-5557

CR2E037 (9/96)