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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737688

1. Corporation Name

LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
1130 N. LAKE PARKER AVE.
LAKELAND FL 33805-4756

Mailing Address
1130 N. LAKE PARKER AVE.
LAKELAND FL 33805-4756



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/27/1976 4. FEI Number 59-1804125 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

MAC CANON, FRANCIS R
1130 N. LAKE PARKER AVE., A-210
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name CALDWELL, ROY
82 Street Address (P.O. Box Number is Not Acceptable)
1130 N. LAKE PARKER AVE. - B-218
83
84 City LAKELAND FL 85 Zip Code 33805

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 Roy Caldwell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLOVER, JAMES C 1130 N. LAKE PARKER AVE. A-106 LAKELAND FL 33805 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VD LEMOIGNE, EMILE J. 1130 N. LAKE PARKER AVE. B-212 LAKELAND FL 33805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANTON, VIRGINIA 1130 N. LAKE PARKER AVE. A-302 LAKELAND FL 33805 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD GLENN, STUART A. 1130 N. LAKE PARKER AVE. A-108 LAKELAND, FL., 33805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGLE, JOHN J 1130 N. LAKE PARKER AVE. B-213 LAKELAND FL 33805 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD HOWELL, GLADYS 1130 N. LAKE PARKER AVE. B-114 LAKELAND, FL., 33805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, JEFFERSON B 1130 N. LAKE PARKER AVE. A-120 LAKELAND FL 33805 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D BUCHANAN, DELOIS 1130 N. LAKE PARKER AVE. A-207 LAKELAND, FL., 33805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAC CANON, FRANCIS R 1130 N. LAKE PARKER AVE. A-210 LAKELAND FL 33805 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALDWELL, ROY 1130 N. LAKE PARKER AVE. B-218 LAKELAND FL 33805 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	PD CALDWELL, ROY 1130 N. LAKE PARKER AVE. B-218 LAKELAND, FL., 33805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: ROY CALDWELL SIGNATURE REQUIRED 1/28/99 941-687-2017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)