


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90018 035 ****61.25

DOCUMENT # N04000004825 1. Entity Name THE TOWNS AT LAKESIDE ASSOCIATION, INC.					
Principal Place of Business 101 ARTHUR ANDERSON BLVD SUITE #150 SARASOTA, FL 34232			Mailing Address C/O SUNVAST MANAGEMENT 381 INTERSTATE BLVD SARASOTA, FL 34240		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3344284	
Zip		Country		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		
SCHLOSSER, RICHARD A 500 E. KENNEDY BOULEVARD, SUITE 200 TAMPA, FL 33602			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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DP SHANNON, MIKE <input type="checkbox"/> Delete 101 ARTHUR ANDERSON BLVD SUITE 150 SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MICHAEL SHANNON 101 ARTHUR ANDERSON BLVD #150 SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WIDEMAN, MICHAEL <input checked="" type="checkbox"/> Delete 101 ARTHUR ANDERSON BLVD SUITE 150 SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL WILLY 101 ARTHUR ANDERSON BLVD #150 SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LARRY SARVER 101 ARTHUR ANDERSON BLVD #150 SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Michael Shannon Date 4/16/07 Daytime Phone 941-343-9200		

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04102007 Chg-NP CR2E037 (12/06)