





2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90025 016 ****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 # 5100 W Lemon St		3. Mailing Address Suite, Apt. #, etc. Suite 312			
City & State Tampa, FL		City & State Tampa, FL		03252008 Chg-NP CR2E037 (12/06)	
Zip 33609		Country USA		4. FEI Number 20-3344284	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHLOSSER, RICHARD A 500 E. KENNEDY BOULEVARD, SUITE 200 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: Stephen W. Thompson Street Address (P.O. Box Number is Not Acceptable): Porges, Hamlin, Knowles, Prouty, Thompson + Naimy 1205 Manatee Avenue West City: Bradenton FL Zip Code: 34205		
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: 				DATE: 4/4/2008	
Filing Fee is \$61.25 Due by May 1, 2008		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	V SHANNON, MIKE 101 ARTHUR ANDERSON BLVD SUITE 150 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRY I. Karpay 5100 W Lemon St #312 Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LILLY, MICHAEL 101 ARTHUR ANDERSON BLVD SUITE 150 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Frank Messina 5100 W Lemon St #312 Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SARVER, LARRY 101 ARTHUR ANDERSON PKWY #150 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Debora L Hudrik 5100 W. Lemon St #312 Tampa, FL 33609	<input checked="" 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
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: 				Date: 4-2-08 Daytime Phone #: 813-288-7742	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Debora L Hudrik					