

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009366

Entity Name: LAKESIDE AT TAVARES ASSOCIATION, INC.

Current Principal Place of Business:

3801 BAYSHORE CIR
TAVARES, FL 32778

Current Mailing Address:

P.O. BOX 1903
TAVARES, FL 32778

FEI Number: 55-0813123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHROTH, DEREK A
BOWEN RADSON SCHROTH, P.A.
600 JENNINGS AVE
EUSTIS, FL 32726 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VPD
Name STRAWBRIDGE, GREGORY
Address 3866 BAYSHORE CIR
City-State-Zip: TAVARES FL 32778

Title PD
Name HAAG, STEVEN
Address 3801 BAYSHORE CIR
City-State-Zip: TAVARES FL 32778

Title D
Name CHRYSTOL, CAROL
Address 3725 BAYSHORE CIR
City-State-Zip: TAVARES FL 32778

Title SD
Name HAAG, SHARON
Address 3801 BAYSHORE CIR
City-State-Zip: TAVARES FL 32778

Title TD
Name ALONSO, EILEEN
Address 3588 BAYSHORE CIR.
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name ALLABY, CAROL
Address 3732 BAYSHORE CIR
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name ALLABY, BRYAN
Address 3732 BAYSHORE CIR
City-State-Zip: TAVARES FL 32778

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON HAAG

SECRETARY

01/15/2013

Electronic Signature of Signing Officer/Director Detail

Date