

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37043

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC0612763788**

**Entity Name:** LAKE SIDE ESTATES PHASE II HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2328 SE RACKEWEG ST  
ARCADIA, FL 34266

**Current Mailing Address:**

217 WEST OAK ST.  
ARCADIA, FL 34266 US

**FEI Number:** 65-0181725

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PRIEST, ELAINE  
1352 SE LAKE RD  
ARCADIA, FL 34266 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 TRES  
Name PRIEST, ELAINE  
Address 1352 SE LAKE RD  
City-State-Zip: ARCADIA FL 34266

Title PRES  
Name VISSER, GERALD  
Address 1298 SE LAKE RD.  
City-State-Zip: ARCADIA FL 34266

Title VPRE  
Name LALUMIERE, LOUIS  
Address 2306 SE RACKEWEG ST.  
City-State-Zip: ARCADIA FL 34266

Title SEC  
Name CHAFER, KAREN  
Address 2347 SE RACKEWEG ST.  
City-State-Zip: ARCADIA FL 34266

Title DIR  
Name CHAFER, DICK  
Address 2347 SE RACKEWEG ST.  
City-State-Zip: ARCADIA FL 34266

Title DIR  
Name PRESCOTT, ALLAN  
Address 1231 SE LAKE ROAD  
City-State-Zip: ARCADIA FL 34266

Title ASST. TREASURER  
Name CLANTON, BILL  
Address 1347 SE LAKE ROAD  
City-State-Zip: ARCADIA FL 34266

*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:** KAREN CHAFER

**SEC**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date