2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712274

FILED Apr 06, 2009 Secretary of State

Entity Name: LAKESIDE POINT BUILDING NO. 2 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: LAKESIDE PT BLDG 2 ASSOC 2004 LAKE OSBORNE DR #20 LAKE WORTH, FL 33461 **New Mailing Address: Current Mailing Address:** LAKESIDE PT BLDG 2 ASSOC 2004 LAKE OSBORNE DR #20 LAKE WORTH, FL 33461 FEI Number: 59-2367810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOTCHKISS, NANCY J 2004 LAKE OSBORNE DR #20 LAKE WORTH, FL 33461 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DVP () Delete () Change () Addition CHECKOSKY, JAMES Name: Name: 2004 LAKE OSBORNE DR #21 Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: Title: () Delete Title: () Change () Addition KOLITSAS, MARY Name: Name: Address: 2004 LAKE OSBORNE DR #10 Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: Title: () Delete Title: DST (X) Change () Addition MEININKI, LEILA MEININKI, LEILA Name: Name: 2004 LAKE OSBORNE DRIVE 2004 LAKE OSBORNE DRIVE Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: LAKE WORTH, FL 33461 () Delete Title: DP Title: () Change () Addition HOTCHKISS, NANCY Name: Name: 2004 LAKE OSBORNE DR Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: Title: () Delete Title: () Change () Addition STEELE, KENNETH Name: Name: 2004 LAKE OSBORNE DRIVE Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY HOTCHKISS PRES 04/06/2009