

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732294

FILED
Jan 09, 2008
Secretary of State

Entity Name: LAKESIDE CONDOMINIUM HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

#40 LAKESIDE CIRCLE
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

#40 LAKESIDE CIRCLE
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 59-2563229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, ALICE
2997 BACOM PT RD
#8 LAKESIDE CIRCLE
PAHOKEE, FL 33476 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BURROUGHS, GARY
Address: 2997 BACOM PT RD #3 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476

Title: VP () Delete
Name: MILLS, LEON
Address: 2997 BACOM PT RD #9 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476

Title: T () Delete
Name: THOMPSON, ALICE
Address: 2997 BACOM PT RD #8 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476

Title: S () Delete
Name: BURROUGHS, JEANNETTE
Address: 2997 BACOM PT RD #3 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLS, LEON
Address: 2997 BACOM PT RD #9 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476 US

Title: VP (X) Change () Addition
Name: MOSS, LOIS
Address: 2997 BACOM PT RD #30 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476 US

Title: T (X) Change () Addition
Name: THOMPSON, ALICE
Address: 2997 BACOM PT RD #8 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476 US

Title: S (X) Change () Addition
Name: SHANAHAN, MARK
Address: 2997 BACOM PT RD #1 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476 US

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: ALICE THOMPSON

T

01/09/2008

Electronic Signature of Signing Officer or Director

Date