

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAR -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742240 (5)

1. Corporation Name
LAKESIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
5700 SE MILES GRANT RD 5700 SE MILES GRANT RD
STUART FL 34997 STUART FL 34997
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/29/1978 3a. Date of Last Report 03/03/1994
4. FEI Number 59-2039316 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. SAME 26. SAME
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
23. City & State 28. City & State
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
HUGHES ANDREW L
5700 SE MILES GRANT RD
STUART FL 34997

10. Name and Address of New Registered Agent
81. Name LANDER, JUDSON J
82. Street Address (P.O. Box Number is Not Acceptable) 5700 S.E. MILES GRANT ROAD
83.
84. City STUART FL 85. Zip Code 34997

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JUDSON J. LANDER PRESIDENT JUDSON J. LANDER 2/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DS
NAME	DENTON, RUTH
STREET ADDRESS	5690 SE MILES GRANT RD
CITY - ST - ZIP	STUART, FL 00000
TITLE	DV
NAME	MOFFITT, BRENT
STREET ADDRESS	5635 SE MILES GRANT RD
CITY - ST - ZIP	STUART, FL 00000
TITLE	D
NAME	LOSSMAN, RUTH
STREET ADDRESS	5727 S.E. MILES GRANT RD.
CITY - ST - ZIP	STUART, FL 00000
TITLE	DT
NAME	SMITH, RUTH
STREET ADDRESS	5700 MILES GRANT RD.
CITY - ST - ZIP	STUART, FL 00000
TITLE	D
NAME	NEALE, STERLING
STREET ADDRESS	5025 SE MILES GRANT RD
CITY - ST - ZIP	STUART, FL 00000
TITLE	D
NAME	RODGERS, R.J.
STREET ADDRESS	5810 S.E. MILES GRANT RD.
CITY - ST - ZIP	STUART, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BROGAN, ARLENE
1.3 STREET ADDRESS	5670 S.E. MILES GRANT ROAD
1.4 CITY - ST - ZIP	STUART FL. 34997
2.1 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HUGHES, ANDREW
2.3 STREET ADDRESS	5700 SE MILES GRANT ROAD
2.4 CITY - ST - ZIP	STUART FL. 34997
3.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME
3.3 STREET ADDRESS	SAME
3.4 CITY - ST - ZIP	SAME
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DEGIROLAMO, HARRY
4.3 STREET ADDRESS	5757 S.E. MILES GRANT ROAD
4.4 CITY - ST - ZIP	STUART FL 34997
5.1 TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME
5.3 STREET ADDRESS	SAME
5.4 CITY - ST - ZIP	SAME
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAME
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JUDSON J. LANDER JUDSON J. LANDER 2/3/95 407-288-0459
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Filing #)

ATTACHMENT

Block 13

P

LANDER, JUDSON
5695 S.E. MILES GRANT ROAD
STUART FL. 34997