

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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  
STUART FL 34997  
US** **5700 SE MILES GRANT RD  
STUART FL 34997  
US**

3. Date Incorporated or Qualified **03/29/1978** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **5700 S.E. MILES GRANT RD** 26 **5700 S.E. MILES GRANT RD**

4. FEI Number **59-2039316** Applied For  Not Applicable

22 Suite, Apt. # etc 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State **STUART FL.** 28 City & State **STUART FL.**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **34997** 25 Country **MARTIN** 29 Zip **34997** 30 Country **MARTIN**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LANDER, JUDSON J  
5700 SEMILES GRANT ROAD  
STUART FL 34997**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **600001749526**  
84 City **STUART** 85 Zip Code **FL 34997**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROGAN, ARLENE</b>	1.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>5670 S.E. MILES GRANT ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DS ARNDT, MARY ELLEN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUGHES, ANDREW</b>	2.2 NAME	
STREET ADDRESS	<b>5700 SW MILES GRANT ROAD</b>	2.3 STREET ADDRESS	<b>5725 S.E. MILES GRANT RD.</b>
CITY-ST-ZIP	<b>STUART, FL 00000</b>	2.4 CITY-ST-ZIP	<b>STUART FL 34997</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOSSMAN, RUTH</b>	3.2 NAME	
STREET ADDRESS	<b>5727 S.E. MILES GRANT RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEGIROLAMO, HARRY</b>	4.2 NAME	<b>TINNERMAN, TOMMIE</b>
STREET ADDRESS	<b>5757 SE MILES GRANT ROAD</b>	4.3 STREET ADDRESS	<b>5600 SE, MILES GRANT RD.</b>
CITY-ST-ZIP	<b>STUART, FL 00000</b>	4.4 CITY-ST-ZIP	<b>STUART FL 34997</b>
TITLE	<b>DVP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NEALE, STERLING</b>	5.2 NAME	<b>FISCHER, FRANK</b>
STREET ADDRESS	<b>5625 SE MILES GRANT RD</b>	5.3 STREET ADDRESS	<b>5720 SE MILES GRANT RD.</b>
CITY-ST-ZIP	<b>STUART, FL 00000</b>	5.4 CITY-ST-ZIP	<b>STUART FL 34997</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODGERS, R.J.</b>	6.2 NAME	
STREET ADDRESS	<b>5610 S.E. MILES GRANT RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART, FL 00000</b>	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 119.07(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** 2/16/96 407-288-0459  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E037 (12/95)