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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
5101 S.E. MILES GRANT RD STUART FL 34997 US  
5101 S.E. MILES GRANT RD STUART FL 34997-1826 US

3. Date Incorporated or Qualified 03/29/1978  
3a. Date of Last Report 03/19/1996  
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  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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  
84 City FL 85 Zip Code

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

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BROGAN, ARLENE	
STREET ADDRESS	5670 S.E. MILES GRANT ROAD	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ARNOT, MARY ELLEN	
STREET ADDRESS	5725 SE MILES GRANT RD.D	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LOSSMAN, RUTH	
STREET ADDRESS	5727 S.E. MILES GRANT RD.	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TINNERMAN, TOMMIE	
STREET ADDRESS	5600 S.E. MILES GRANT RD.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FISCHER, FRANK	
STREET ADDRESS	5720 SE MILES GRANT RD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODGERS, R.J.	
STREET ADDRESS	5610 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BEN BURR	
5.3 STREET ADDRESS	5630 S.E. MILES GRANT ROAD	
5.4 CITY-ST-ZIP	STUART FL. 34997	
6.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2/23/97 561-288-0459

CR2E037 (9/96)