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**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742240 (5)
1. Corporation Name
LAKESIDE VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 5101 S.E. MILES GRANT RD STUART FL 34997 US	Mailing Address 5101 S.E. MILES GRANT RD STUART FL 34997 US
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3. Date Incorporated or Qualified
03/29/1978

4. FEI Number 59-2039316	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**LANDER, JUDSON J
5695 SW MILES GRANT RD
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
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	D	<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	ARNDT, MARY ELLEN	
STREET ADDRESS	5725 SE MILES GRANT RD.D	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DT	<input checked="" 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 type="checkbox"/> DELETE
NAME	BURR, BEN	
STREET ADDRESS	5630 SE MILES GRANT RD	
CITY-ST-ZIP	STUART FL	
TITLE	DVP	<input checked="" 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	<input 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 checked="" type="checkbox"/> Addition
3.2 NAME	DT
3.3 STREET ADDRESS	JEAN PIERRE LIPP MANN
3.4 CITY-ST-ZIP	5730 MILES GRANT ROAD STUART FL. 34997
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DV
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	DON HURD
6.4 CITY-ST-ZIP	5710 MILES GRANT RD. STUART FL 34997

14. I 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** 2/10/98 561-288-0457

CR2E037 (10/97)