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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742240

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/29/1978	4. FEI Number 59-2039316 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent LANDER, JUDSON J 5695 SW MILES GRANT RD STUART FL 34997 RETIRED	10. Name and Address of New Registered Agent 81 Name: RODGERS, MARILYN D. P. 82 Street Address (P.O. Box Number is Not Acceptable): 5610 S.E. MILES GRANT RD. 83 84 City: STUART FL 85 Zip Code: 34997
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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: MARILYN D. RODGERS P *Marilyn Rodgers* DATE: 1-22-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: BROGAN, ARLENE	1.1 TITLE: D.S. <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: SCHROLL, BERNARD
STREET ADDRESS: 5670 S.E. MILES GRANT ROAD	CITY-ST-ZIP: STUART, FL 00000	1.3 STREET ADDRESS: 5620 S.E. MILES GRANT RD	1.4 CITY-ST-ZIP: STUART, FL 34997
TITLE: DS <input checked="" type="checkbox"/> DELETE	NAME: ARNDT, MARY ELLEN	2.1 TITLE: D. <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: SHERTZER, MARION
STREET ADDRESS: 5725 SE MILES GRANT RD.D	CITY-ST-ZIP: STUART FL 34997	2.3 STREET ADDRESS: 5640 S.E. MILES GRANT RD	2.4 CITY-ST-ZIP: STUART FL 34997
TITLE: DT <input type="checkbox"/> DELETE	NAME: LIPPMANN, JEAN P	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 5730 MILES GRANT RD	CITY-ST-ZIP: STUART, FL 00000 34997	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> DELETE	NAME: TINNERMAN, TOMMIE	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 5600 S.E. MILES GRANT RD.	CITY-ST-ZIP: STUART FL 34997	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: DV <input type="checkbox"/> DELETE	NAME: BURR, BEN	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 5630 SE MILES GRANT RD	CITY-ST-ZIP: STUART FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> DELETE	NAME: HURD, DON	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: 5710 MILES GRAND RD	CITY-ST-ZIP: STUART, FL 00000 34997	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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, with all other like empowered.

SIGNATURE: Marilyn Rodgers **MARILYN RODGERS** DATE: 1-22-99 DAYTIME PHONE: 561-286-3327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)