

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90148 028 ****61.25

DOCUMENT # 742240

1. Entity 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
 US

C0007822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2039316

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODGERS, MARILYN D
5610 S.E. MILES GRANT RD.
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Marilyn D Rodgers

Jan 9 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **SHELDON, LINDA Y.P.**
 STREET ADDRESS **5680 S.E. MILES GRANT ROAD**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **D** Change Addition
 NAME **MARION SHERTZER**
 STREET ADDRESS **5640 SE MILES GRANT RD**
 CITY-ST-ZIP **STUART, FL**

TITLE **D** Delete
 NAME **NEALE, VIRGINIA**
 STREET ADDRESS **5825 S.E. MILES GRANT ROAD**
 CITY-ST-ZIP **STUART FL 34997**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **LIPPMANN, JEAN P**
 STREET ADDRESS **5730 MILES GRANT RD**
 CITY-ST-ZIP **STUART, FL 00000 34997**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **BURR, BEN**
 STREET ADDRESS **5630 SE MILES GRANT RD**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **RUTH LOSSMAN**
 STREET ADDRESS **5927 S.E. MILES GRANT RD**
 CITY-ST-ZIP **STUART, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **BERNARD SCHROEDER**
 STREET ADDRESS **5620 S.E. MILES GRANT RD**
 CITY-ST-ZIP **STUART, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn D Rodgers
MARILYN D. RODGER

1-561-286-3327
1-9-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)