

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90142 043 ****61.25



DOCUMENT # 742240			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2039316		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JAROS, FREDERICK 5650 SE MILES GRANT RD STUART FL 34997		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, PHILLIPA		NAME	Marion Shertzer	
STREET ADDRESS	5753 SE MILES GRANT RD.		STREET ADDRESS	5640 S.E. Miles Grant Road	
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGANE, ROBERT		NAME		
STREET ADDRESS	5560 SE MILES GRANT RD.		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	A.T. TINNEMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAROS, FREDERICK		NAME	TREASURER	
STREET ADDRESS	5650 SE MILES GRANT RD		STREET ADDRESS	5600 S.E. Miles Grant Rd	
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	STUART FLA 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, LUCIE		NAME		
STREET ADDRESS	5700 SE MILES GRANT RD.		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTENIUS, RORY		NAME	NAPLES, DOLORES	
STREET ADDRESS	5720 SE MILES GRANT RD.		STREET ADDRESS	5750 S.E. Miles Grant Rd	
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *A.T. Tinneman* (TREASURER) 4/7/05 772-287-1720
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #