


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90169 039 ****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 <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
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 <i>Agnes T. Timmerman</i> Street Address (P.O. Box Number is Not Acceptable) <i>5101 S.E. Miles Grant Rd</i> <i>Street</i> City _____ FL Zip Code <i>34997</i>	
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 <i>A.T. Timmerman (Treas)</i>		DATE <i>2/24/06</i>	
Signature: typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME P SHERTZER, MARION	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5640 SE MILES GRANT RD		STREET ADDRESS	
CITY-ST-ZIP STUART FL 34997		CITY-ST-ZIP	
TITLE NAME T TINBERMAN, A T	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5600 SE MILES GRANT RD		STREET ADDRESS	
CITY-ST-ZIP STUART FL 34997		CITY-ST-ZIP	
TITLE NAME S NAPLES, DOLORES	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3750 SE MILES GRANT RD		STREET ADDRESS	
CITY-ST-ZIP STUART FL 34997		CITY-ST-ZIP	
TITLE NAME <i>Biggane, Robert (Pres)</i>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 119, 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. Timmerman (Treas)* DATE: *2/24/06* 772-287-1720