


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 03, 2007 8:00 am**  
**Secretary of State**

07-03-2007 90007 043 \*\*\*\*61.25

**DOCUMENT # 742240**  
 1. Entity Name  
**LAKESIDE VILLAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**5101 S.E. MILES GRANT RD**      **5101 S.E. MILES GRANT RD**  
**STUART FL 34997**                      **STUART FL 34997**  
**US**    **US**



2. Principal Place of Business - No P O Box #      3. Mailing Address

Suite, Apt #, etc      Suite, Apt #, etc

City & State      City & State

Zip      Country      Zip      Country

*SAME as above*

2nd MOORE      CR2E037 (4/07)

6. Name and Address of Current Registered Agent

**TENNERMAN, AGNES T**  
**5101 MILES GRANT RD**  
**STUART FL 34997**

4. FEI Number      Applied For

**59-2039316**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-issuing)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 5, 2007**

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGANE, ROBERT	NAME	
STREET ADDRESS	5640 SE MILES GRANT RD	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINNERMAN, A T	NAME	
STREET ADDRESS	5600 SE MILES GRANT RD	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPLES, DOLORES	NAME	
STREET ADDRESS	3750 SE MILES GRANT RD	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	CITY-ST-ZIP	
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	
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	
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 exemptions contained in Chapter 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. Tinnerman* **A.T. TINNERMAN (TREAS)** 6/25/07 773-287-1720