

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-04-2008 90018 047 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TINNERMAN, AGNES T 5101 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Any stated Agent signature required when re-registering)</small>			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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 P NAME BOGGS, ROBERT <input checked="" type="checkbox"/> Delete STREET ADDRESS 5640 SE MILES GRANT RD CITY-ST-ZIP STUART FL 34997	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME TINNERMAN, A T Treasurer <input type="checkbox"/> Delete STREET ADDRESS 5600 SE MILES GRANT RD CITY-ST-ZIP STUART FL 34997	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME NAPLES, DOLORES Secretary <input type="checkbox"/> Delete STREET ADDRESS 3750 SE MILES GRANT RD CITY-ST-ZIP STUART FL 34997	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME William Doane (President) <input type="checkbox"/> Delete STREET ADDRESS 5655 S.E. Miles Grant Rd CITY-ST-ZIP Stuart 34997	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME Marilyn Rodgers <input checked="" type="checkbox"/> Delete STREET ADDRESS 5670 S.E. Miles Grant Rd CITY-ST-ZIP Stuart 34997	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME Daniel Capper (Architectural) <input type="checkbox"/> Delete STREET ADDRESS 5660 S.E. Miles Grant Rd CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: P.T. Tinnerman Treas. A.T. TINNERMAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2/26/08 Day/Phone #: 772 2871720	