

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742240

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: LAKESIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5101 S.E. MILES GRANT RD  
STUART, FL 34997 US

**New Principal Place of Business:**

5761 S.E. MILES GRANT RD  
STUART, FL 34997 US

**Current Mailing Address:**

5101 S.E. MILES GRANT RD  
STUART, FL 34997 US

**New Mailing Address:**

5761 S.E. MILES GRANT RD  
STUART, FL 34997 US

FEI Number: 59-2039316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BEAUCHAINE, CLAIRE  
5705 MILES GRANT RD  
STUART, FL 34997 US

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: CLAIRE BEAUCHAINE

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: TINNERMAN, A T  
Address: 5600 SE MILES GRANT RD  
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete  
Name: NAPLES, DOLORES  
Address: 3750 SE MILES GRANT RD  
City-St-Zip: STUART, FL 34997

Title: P ( ) Delete  
Name: DOANE, WILLIAM  
Address: 5655 SE MILES GRANT RD  
City-St-Zip: STUART, FL 34997

Title: VPA ( ) Delete  
Name: COPPER, DANIEL  
Address: 5660 SE MILE GRANT RD  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: BEAUCHAINE, CB  
Address: 5705 SE MILES GRANT RD  
City-St-Zip: STUART, FL 34997

Title: S (X) Change ( ) Addition  
Name: FISHER, BETTY  
Address: 5620 SE MILES GRANT RD  
City-St-Zip: STUART, FL 34997

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPA (X) Change ( ) Addition  
Name: CAPPER, DANIEL  
Address: 5660 SE MILE GRANT RD  
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE BEAUCHAINE

T

04/14/2009

Electronic Signature of Signing Officer or Director

Date