

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742240

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** LAKESIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2039316      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CLAIRE BEAUCHAINE

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05/02/2010

Electronic Signature of Signing Officer or Director

Date