

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744151 (2)

1. Corporation Name

LAKESIDE MUTUAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

500 LORI DR.
PALM SPRINGS FL 33461

500 LORI DR.
PALM SPRINGS FL 33461

3. Date Incorporated or Qualified

09/05/1978

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEE, ANNE
711 LORI DRIVE, APT. 108
PALM SPRINGS, FL. 33461

81

Name

BECAK, ROBERT

82

Street Address (P.O. Box Number is Not Acceptable)

500 PAVIS RD #39

83

City

PALM SPRINGS

FL

85

Zip Code
33461

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEE, ANNE	
STREET ADDRESS	711 LORI DRIVE, APT. 108	
CITY-ST-ZIP	PALM SPRGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOLFF, GOLDFE	
STREET ADDRESS	701 LORI DR APT 108	
CITY-ST-ZIP	PALM SPRGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PLEASON, JUNE	
STREET ADDRESS	750 LORI DR APT 224	
CITY-ST-ZIP	PALM SPRGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAMRAH, MARGIE	
STREET ADDRESS	300 BONNE BLVD. #146	
CITY-ST-ZIP	PALM SPRGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BECAK, ROBERT	
1.3 STREET ADDRESS	500 PAVIS RD #39	
1.4 CITY-ST-ZIP	PALM SPRINGS FL 33461	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/22/96

407-967-5194

CR2E037 (12/95)