

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90183 042 \*\*\*\*61.25

<b>DOCUMENT # 747641</b> 1. Entity Name <b>LAKESIDE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O ADVANTAGE PROPERTY MGT. 1274 NE BUSINESS PARK PLO JENSEN BEACH, FL 34957</b>		Mailing Address <b>C/O ADVANTAG PROPERTY MGT. 1274 NE BUSINESS PARK PL JENSEN BEACH, FL 34958</b>	
2. Principal Place of Business <b>1111 SE Federal Hwy Suite 100 Stuart, FL 34994</b>		3. Mailing Address <b>1111 SE Federal Hwy Suite 100 Stuart, FL 34994</b>	
City & State <b>Stuart, FL</b>		City & State <b>Stuart, FL</b>	
Zip <b>34994</b>		Zip <b>34994</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2022560</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FORTE, LORRAINE 1274 NE BUSINESS PARK PL JENSEN BCH, FL 34957</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1111 SE Federal Hwy Suite 100</b> City <b>Stuart</b> <b>FL</b> Zip Code <b>34994</b>	
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 <u><i>Lorraine Forte</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/17/05</u>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, THOMAS 102 THISTLE PATCH WAY HINGHAM, MA 02043	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEELEY, PAUL 5596 NE GULF STREAM WAY STUART, FL 34996	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, BENJAMIN 5574 NE GULFSTREAM WAY STUART, FL 34996	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HITCHINGS, SUSANNE 5589 NE GULFSTREAM WAY STUART, FL 34996	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MOORE, BARBARA 5556 NE GULFSTREAM WAY STUART, FL 34996	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MANNING, BILL 5593 NE GULFSTREAM WAY STUART, FL 34996	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Thomas P. Hall</i></u> Date <u>2/23/05</u> Daytime Phone #	