

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748140

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** LAKESIDE CONDOMINIUM APARTMENTS OF DELTONA, FLORIDA, INC.

**Current Principal Place of Business:**

125 PERIMETER DRIVE  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

351 S US HWY 1  
102B  
JUPITER, FL 33477 US

**New Mailing Address:**

POST OFFICE BOX 1569  
SANFORD, FL 32772 US

**FEI Number:** 59-1924000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKRLD, INC.  
201 ALHAMBRA CIR STE 1102  
CORAL GABLES, FL 33134 US

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

ALL ABOUT MANAGEMENT  
206 S ELM AVENUE  
SANFORD, FL 32771 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: ANGELIA L. GORDON

04/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAWSON, JAMES  
Address: 125 PERIMETER RD  
City-St-Zip: DELTONA, FL 32725

Title: VPD ( ) Delete  
Name: COOKE, DAVE  
Address: 125 PERIMETER RD  
City-St-Zip: DELTONA, FL 32725

Title: S ( ) Delete  
Name: PRIMEAW, ED  
Address: 125 PERIMETER RD  
City-St-Zip: DELTONA, FL 32725

Title: T ( ) Delete  
Name: CLARK, ELLIOTT  
Address: 125 PERIMETER RD  
City-St-Zip: DELTONA, FL 32725

Title: DAL ( ) Delete  
Name: WALSH, DON  
Address: 125 PERIMETER RD  
City-St-Zip: DELTONA, FL 32725

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

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

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

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

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

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

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: ANGELIA L. GORDON

RA

04/01/2009

Electronic Signature of Signing Officer or Director

Date