2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754362

FILED Jul 07, 2008 Secretary of State

Entity Name: LAKESIDE SOUTH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
	I AVE. WEST ON, FL 34205			
Current M	ailing Address:	New Mailing Address:		
	I AVE. WEST ON, FL 34205			
n accordan	59-2030388 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation di	•		
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:		
	OHN A I AVENUE W. ON, FL 34205 US			
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or b	oth,	
SIGNATUF	RE:			
	Electronic Signature of Registered	Agent Date		
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS	
Γitle: Name:	VPD () Delete ALBRIGHT-MCNALLY, VICKY 4108 39TH STREET WEST	Title: () Change () Addition Name:		
	BRADENTON, FL 34205	Address: City-St-Zip:		
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:				
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	BRADENTON, FL 34205 TD () Delete DORFF, SHEILA E 3906 39TH AVE W	City-St-Zip: Title: () Change () Addition Name: Address:		
City-St-Zip: Title: Name: Address:	BRADENTON, FL 34205 TD () Delete DORFF, SHEILA E 3906 39TH AVE W BRADENTON, FL 34205 S () Delete FREED, ALFRED E 4118 39TH AVENUE WEST	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:		
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address: Address:	BRADENTON, FL 34205 TD () Delete DORFF, SHEILA E 3906 39TH AVE W BRADENTON, FL 34205 S () Delete FREED, ALFRED E 4118 39TH AVENUE WEST BRADENTON, FL 34205 D () Delete COMLEY, DENNIS 4107 42ND STREET WEST	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: JOHN A. COSBY P 07/07/2008