


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758783** (5)
1. Corporation Name
LAKESIDE VILLAS OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 2111 AUBURNDALE FL 33823	P. O. BOX 2111 AUBURNDALE FL 33823

2. Principal Place of Business	2a. Mailing Address
21 390 Carol Blvd.	26 P.O. Box 135
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Auburndale, FL	28 City & State Dundee, FL
24 Zip 33823	29 Zip 33838
25 Country USA	30 Country USA

3. Date Incorporated or Qualified
06/16/1981

4. FEI Number	Applied For
NOT APPLICABLE	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHATLEY, W. B
1918 ARLANA BLVD.
AUBURNDALE FL 33823

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHATLEY, W B	
STREET ADDRESS	1918 ARLANA BLVD.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KAHN, MYRON	
STREET ADDRESS	9260 SUNSET DR., STE. 205	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DUKES, ANDY	
STREET ADDRESS	902 US HWY 27 NORTH	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wells, David E. MD	
1.3 STREET ADDRESS	8780 SW 92 St.	
1.4 CITY-ST-ZIP	Miami, FL 33176	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wells, Lois	
2.3 STREET ADDRESS	8780 SW 92 St.	
2.4 CITY-ST-ZIP	Miami, FL 33176	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dukes, George A.	
3.3 STREET ADDRESS	902 US HWY 27 N.	
3.4 CITY-ST-ZIP	Dundee, FL 33838	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Whatley, W.B.	
4.3 STREET ADDRESS	1918 Ariana Blvd.	
4.4 CITY-ST-ZIP	Auburndale, FL 33823	
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 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 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 REQUIRED

1/2/98

941 439 1101

CR2E037 (10/97)