


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90027 001 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 758783</b>					
1. Corporation Name <b>LAKESIDE VILLAS OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business P. O. BOX 2111 AUBURNDALE FL 33823			Mailing Address P. O. BOX 2111 AUBURNDALE FL 33823		
2. Principal Place of Business 21 <b>390 Carol Blvd.</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>P.O. Box 135</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>06/16/1981</b>	
23 <b>Auburndale FL</b> City & State 24 <b>33823</b> 25 <b>USA</b> Zip Country		28 <b>Dundee, FL</b> City & State 29 <b>33838</b> 30 <b>USA</b> Zip Country		4. FEI Number <b>NOT APPLICABLE</b> Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>WHATLEY, W. B</b> <b>1918 ARLANA BLVD.</b> <b>AUBURNDALE FL 33823</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>PD WHATLEY, W B</b> STREET ADDRESS <b>1918 ARLANA BLVD.</b> CITY-ST-ZIP <b>AUBURNDALE FL</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>VD KAHN, MYRON</b> STREET ADDRESS <b>9260 SUNSET DR., STE. 205</b> CITY-ST-ZIP <b>MIAMI FL</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>STD DUKES, ANDY</b> STREET ADDRESS <b>902 US HWY 27 NORTH</b> CITY-ST-ZIP <b>HAINES CITY FL</b>			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TREASURER / DIRECTOR</b> <b>Dukes, Andy</b> <b>902 US Hwy 27 N</b> <b>Dundee, FL 33838</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary</b> <b>JACOBS, Pat</b> <b>102 Homewood Dr.</b> <b>Lake Alfred, FL 33850</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>DeReus, Marge</b> <b>2050 Ariana Dr</b> <b>Auburndale, FL 33823</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>Fertog, Jack</b> <b>9573 SW 57th St.</b> <b>Miami, FL 33173</b>		

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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** Director 3/23/99 941 439 1101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #