


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90248 029 ****61.25

DOCUMENT # 758783	
1. Entity Name LAKESIDE VILLAS OWNERS' ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 135 DUNDEE FL 33838	Mailing Address P.O. BOX 135 DUNDEE FL 33838
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2. Principal Place of Business 2050 Ariana Blvd Auburndale	3. Mailing Address Same
Suite, Apt. #, etc. FL	Suite, Apt. #, etc. FL
City & State FL	City & State FL
Zip 33823	Country USA



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent DUKES, GEORGE A 902 HWY 27 DUNDEE FL 33838	
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7. Name and Address of New Registered Agent Marjorie A. DeReus 2050 Ariana Blvd. AUBURDALE, FL 33823 FL	
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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. Marjorie A. DeReus 2050 Ariana Blvd. 4/26/04	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHATLEY, WILLIAM B 1918 ARIANA BLVD. AUBURDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DUKES, GEORGE A 902 HWY. 27 DUNDEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WALTON, KERMIT 111-REBECCA LANE AUBURDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEREUS, MARJORIE A 2050 ARIANA DR AUBURDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEN, RICHARD 534 ALLEN ACRES RD. AUBURDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHATLEY, PATSY 1918 ARIANA BLVD. AUBURDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marjorie A. DeReus 4/26/04	
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