

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758783

FILED  
Aug 29, 2008  
Secretary of State

**Entity Name:** LAKESIDE VILLAS OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

187 AVENUE D NW  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

187 AVENUE D NW  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 51-0593319      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

LAKE HOWARD CORPORATION  
187 AVENUE D NW  
WINTER HAVEN, FL 33881      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BAERHOLD, CARL D  
Address: 187 AVENUE D NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD      (X) Delete  
Name: HAMEL, FRANCOIS  
Address: 5901 HATCHINEHA RD.  
City-St-Zip: HAINES CITY, FL 33844

Title: VD      ( ) Delete  
Name: PELLETIER, SUSAN  
Address: 5901 HATCHINEHA RD  
City-St-Zip: HAINES CITY, FL 33844

Title: SD      ( ) Delete  
Name: KOSTIC, CAROL  
Address: 187 AVENUE D NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D      ( ) Delete  
Name: DUKES, GEORGE  
Address: 632 54TH AVENUE  
City-St-Zip: GREELEY, CO 80634

**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: STD      (X) Change ( ) Addition  
Name: KOSTIC, CAROL  
Address: 187 AVENUE D NW  
City-St-Zip: WINTER HAVEN, FL 33881

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: CAROL KOSTIC

STD

08/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date