2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#758783

FILED Oct 06, 2009 Secretary of State

Entity Name: LAKESIDE VILLAS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

187 AVENUE D NW 242 CENTURY BLVD WINTER HAVEN, FL 33881 AUBURNDALE, FL 33823

Current Mailing Address: New Mailing Address:

187 AVENUE D NW
WINTER HAVEN, FL 33881
242 CENTURY BLVD
AUBURNDALE, FL 33823

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

SAN FRANCISCO DEVELOPMENT COMPANY LLC

187 AVENUE D NW

242 CENTURY BLVD

WINTER HAVEN, FL 33881 US AUBURNDALE, FL 33823 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: SFDCLLC 10/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 BAERHOLD, CARL D
 Name:
 HAMEL, FRANCOIS G

 Address:
 187 AVENUE D NW
 Address:
 5800 HATCHINEHA ROAD

 City-St-Zip:
 WINTER HAVEN, FL 33881
 City-St-Zip:
 HAINES CITY, FL 33844

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 PELLETIER, SUSAN
 Name:
 PELLETIER, SUSAN

 Address:
 5901 HATCHINEHA RD
 Address:
 5800 HATCHINEHA RD

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:
 HAINES CITY, FL 33844

Title: STD () Delete Title: () Change () Addition

 Name:
 KOSTIC, CAROL
 Name:

 Address:
 187 AVENUE D NW
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 33881
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 DUKES, GEORGE
 Name:

 Address:
 632 54TH AVENUE
 Address:

 City-St-Zip:
 GREELEY, CO 80634
 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: SUSAN PELLETIER VP 10/06/2009