7/12/2007-90058-016-$61.25-$61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
07 SEP 21 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759010

1. Entity Name
LAKESIDE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8360 W OAKLAND PARK BLVD 301 SUNRISE, FL 33351 US	P.O. BOX 452199 SUNRISE, FL 33345-2199 US

05172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2167644 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53RD STREET, SUITE 300 BOCA RATON, FL 33487	Name: First Choice Management Group Street Address (P.O Box Number is Not Acceptable) 6401 Congress Avenue #140 City: Boca Raton FL Zip Code: 33487

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.

X SIGNATURE: Karen Lyfoma
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUSE, PAUL 1510 AUGUSTA CR #137 DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LYNCH, LISA 1530 AUGUSTA CR #141 DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hanes, Lisa ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FROST, STEPHANIE 1510 AUGUST CR #139 DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Skerry, Fred 1480 masters Circle #172 Delray Beach, FL 33445 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELDON, TIMOTHY 1510 AUGUSTA CR #140 DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Oakley, Victoria 1545 Augusta Circle #105 Delray Beach, FL 33445 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, HENRY 1540 MASTERS CIRCLE, UNIT 179 DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dunn, Randy 1530 Augusta Circle #143 Delray Beach, FL 33445 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CLEMENCY, CYNTHIA 1515 AUGUST CR #115 DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Geitz, Michele 1485 Augusta Circle #121 Delray Beach, FL 33445 ☐ Change ☑ Addition

6/25/07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 6/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #