
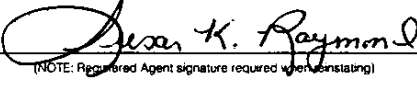



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 771281</b> 1. Entity Name <b>WAYSIDE LAKE PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 1124 HAVANA, FL 32333</b>			Mailing Address <b>P.O. BOX 1124 HAVANA, FL 32333</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2916693</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVIS, MARTHA L 38 EAGLE COURT HAVANA, FL 32333</b>			7. Name and Address of New Registered Agent Name <b>RAYMOND, SUSAN K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>28 my street</b> City <b>HAVANA</b> <b>FL</b> Zip Code <b>32333</b>		
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.					
SIGNATURE <b>SUSAN K. Raymond</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when constituting)</small>		<b>2-2-2008</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BUNYAN, RICHARD</b> <b>PO BOX 2503</b> <b>HAVANA, FL 32333</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300125913813</b> <b>04/28/08--01002--019 **61.25</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>VAN TASSEL, BRIAN</b> <b>2837 WAYSIDE FARM ROAD</b> <b>HAVANA, FL 32333</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Pelt, Henry</b> <b>121 uphill Road</b> <b>HAVANA, FL 32333</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>DAVIS, MARTHA L</b> <b>PO BOX 391</b> <b>HAVANA, FL 32333</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RAYMOND, SUSAN K</b> <b>28 my street</b> <b>HAVANA, FL 32333</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DOWLING, SHIRLEY</b> <b>72 MY STREET</b> <b>HAVANA, FL 32333</b> <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	<b>D</b> <b>BAKER, JANE</b> <b>154 MY ST</b> <b>HAVANA, FL 32333</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RAYMOND, Kevin</b> <b>28 my street</b> <b>HAVANA, FL 32333</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BUNYAN, CAROL</b> <b>PO BOX 2503</b> <b>HAVANA, FL 32533</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>SEARS, Gessie</b> <b>112 my street</b> <b>HAVANA, FL 32333</b>	
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 		<b>SUSAN K. Raymond</b>		<b>2-2-08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

**FILED**

08 APR 25 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03132008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

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

Filing Fee is \$61.25  
Due by May 1, 2008

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUNYAN, RICHARD PO BOX 2503 HAVANA, FL 32333 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VAN TASSEL, BRIAN 2837 WAYSIDE FARM ROAD HAVANA, FL 32333 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DAVIS, MARTHA L PO BOX 391 HAVANA, FL 32333 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOWLING, SHIRLEY 72 MY STREET HAVANA, FL 32333 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, JANE 154 MY ST HAVANA, FL 32333 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUNYAN, CAROL PO BOX 2503 HAVANA, FL 32533 <input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300125913813 04/28/08--01002--019 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pelt, Henry 121 uphill Road HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RAYMOND, SUSAN K 28 my street HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RAYMOND, Kevin 28 my street HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D SEARS, Gessie 112 my street HAVANA, FL 32333

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  SUSAN K. Raymond 2-2-08 410-0323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #