2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002815

FILED Feb 06, 2004 Secretary of State

Entity Name: LAKESIDE VILLAGE MASTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 1327 WINDERMERE, FL 34786 **Current Mailing Address: New Mailing Address:** PO BOX 1327 WINDERMERE, FL 34786 FEI Number: 59-3702189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOWDOIN, DOUGLAS BOWDOIN, DOUGLAS 390 NORTH ORANGE AVENUE STE 2500 255 SOUTH ORANGE AVENUE ORLANDO, FL 32801 SUITE 800 ORLANDO, FL 32801 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: 02/06/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete QUARLES-SIKES, JOANNE Name: Name: Address: 9147 LAKE MABEL DRIVE Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BECK, GLENN Name: Address: 12500 OVERSTREET ROAD Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: VD () Delete Title: () Change () Addition FRY, DAN Name: Name: 6556 LAGOON STREET Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: VST () Delete Title: () Change () Addition Name: BOWDOIN, DOUGLAS Name: 7500 WINTER GARDEN-VINELAND ROAD Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS BOWDOIN VST 02/06/2004