

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90062 045 ****61.25

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DOCUMENT # N01000000801

1. Entity Name
LAKESIDE GARDEN HOMEOWNER ASSOCIATION INCORPORATED

Principal Place of Business 193 LAKESIDE GARDEN CIR LAKE WALES FL 33853		Mailing Address 193 LAKESIDE GARDEN CIR LAKE WALES FL 33853	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HAMILTON, PAUL 193 LAKESIDE GARDEN CIR LAKE WALES FL 33853			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAMILTON, PAUL 193 LAKESIDE GARDEN CIR LAKE WALES FL 33853 <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	DV JONES, JERRY 220 LAKESIDE GARDEN CIR LAKE WALES FL 33853 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBERT MCQUEEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 199 LAKESIDE GARDEN CIR LAKE WALES FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANDERSON, LOIS 236 LAKESIDE GARDEN CIR LAKE WALES FL 33853 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beverly Colegrove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 119 Lakeside Gardens Lake Wales, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BADGER, ELIZABETH 212 LAKESIDE GARDEN CIR LAKE WALES FL 33853 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GORDON RAMSAY 241 LAKESIDE GARDEN CIR LAKE WALES FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADGER, RICHARD 212 LAKESIDE GARDEN CIR LAKE WALES FL 33853 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eloisa Delagarza 188 Lakeside Gardens Lake Wales, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Paul Hamilton* **PAUL HAMILTON** 3-2002 (863) 638-2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)