

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N01000004732**

1. Entity Name  
**LAKE SIDE TOWNE CENTRE PROPERTY ASSOCIATION,  
INC.**



Principal Place of Business  
**2636 MELLOW LANE  
SEBRING, FL 33870**

Mailing Address  
**2636 MELLOW LANE  
SEBRING, FL 33870**



02252008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3732497**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HANDLEY, WILLIAM R  
2636 MELLOW LANE  
SEBRING, FL 33870**

**DO NOT WRITE  
IN THIS SPACE**

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

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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HANDLEY, WILLIAM R
STREET ADDRESS	2636 MELLOW LANE
CITY - ST - ZIP	SEBRING, FL 33870
TITLE	D
NAME	BIBLE, ANDREW S
STREET ADDRESS	1072 LAKEVIEW DRIVE
CITY - ST - ZIP	SEBRING, FL 33870
TITLE	D
NAME	HATCH, DAVID G
STREET ADDRESS	3200 US 27 SOUTH, STE 310
CITY - ST - ZIP	SEBRING, FL 33870

000000861353  
04/03/08-80005-018 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/08

(863) 385-2732