2008 NOT-FOR-PROFIT CORPORATION

May 22, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N01000008489** 05-22-2008 90017 013 ****61.25 1. Entity Name LAKESIDE OFFICE PARK OF BRADENTON CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3984 SR 64 E 3984 SR 64 E BRADENTON, FL 34208 BRADENTON, FL 34208 05192008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3756194 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GAY, JIM DO NOT WRITE 3984 SR 64 E BRADENTON, FL 34208 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 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ASTORE, JON STREET ADDRESS 8374 MARKET-ST. #211 CITY-ST-ZIP BRADENTON, FL 34202 TITLE NAME SCOTT, JENNIFER STREET ADDRESS 3874 SR 64 E CITY-ST-ZIP BRADENTON, FL 34208 TITLE NAME GAY, JIM STREET ADDRESS 3984 SR 64 E DO NOT WRITE CITY-ST-ZIP BRADENTON, FL 34208 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

> NTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED ORY

FILED

Daytime Phone #