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Secretary of State
05-05-2008 90252 016 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01911

1. Entity Name
LAKESIDE AT BAYMEADOWS OWNERS ASSOCIATION, INC.

400097161

Principal Place of Business	Mailing Address
2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US	2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US

04222008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2717937 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W SR 434 STE 5000 LONGWOOD, FL 32779	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checks payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EDWARD, SALLY 8118 BAYMEADOWS CIR E #14 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Aponas, Dorothy 8118 Baymeadows Cir E #17 Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, VICTORIA 8118 BAYMEADOWS CIR E #10 JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Zills, Gregory 8118 Baymeadows Cir #23 Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUMPHREY, BARBARA 8118 BAYMEADOWS CIR. E. #2 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Humphrey, Barbara 8118 Baymeadows Cir E #2 Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OAKES, MARJORIE 8118 BAYMEADOWS CIR. E. #11 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD UNKEFER, ROBERT 8118 BAYMEADOWS CIRCLE E, #21 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Unkefer, Robert 8118 Baymeadows Cir E #21 Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REED, KEN 8118 BAYMEADOWS CIR E#14 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Marjorie H. Oakes Marjorie H. Oakes, Pres 4/22/08 904-233-1526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #