


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90123 014 ****61.25

DOCUMENT # N02000008844 1. Entity Name THE OWNERS OF LAKESIDE VILLAS, INC.			
Principal Place of Business 3617 CROWN PT RD STE E JACKSONVILLE, FL 32257		Mailing Address 3617 CROWN PT RD STE E JACKSONVILLE, FL 32257	
2. Principal Place of Business Suite, Apt. #, etc. c/o Awakenings Assoc. Mgmt., Inc 4213 County Road 218 City & State Suite 1 Middleburg, Florida 32068 Zip		3. Mailing Address Country	
4. FEI Number 04-3748615		Applied For <input 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 HOCKLE, KATHY 3617 CROWN PT RD STE #8 JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Delcomyn, VINA Street Address (P.O. Box Number is Not Acceptable) 4213 County Rd. 218 Suite 1 City Middleburg FL Zip Code 32068	
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 <u><i>Vina C. Delcomyn</i></u> VINA Delcomyn <u>11/16/06</u> <small>Signature, typed or printed name of registered agent (and date if applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check 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	DP GAILEY, PAT 3844 LAVISTA CIRCLE JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GREENE, PRISCILLA 3838 LA VISTA CIR JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STEINFELD, DAVID 3828 LA VISTA CIR JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Pat Galley</i></u> PAT GALLEY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/6/06</u> 904-899-8310 <small>Date Daytime Phone #</small>	

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