

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008844

FILED
Jan 15, 2009
Secretary of State

Entity Name: THE OWNERS OF LAKESIDE VILLAS, INC.

Current Principal Place of Business:

11861 REMSEN RD
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600099
JACKSONVILLE, FL 322600099

New Mailing Address:

FEI Number: 04-3748615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONANT, ELTON
11861 REMSEN RD
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: WITTEN, LAURA
Address: 3842 LAVISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: DP () Delete
Name: GREENE, PRISCILLA
Address: 3838 LA VISTA CIR
City-St-Zip: JACKSONVILLE, FL 32217

Title: DVP () Delete
Name: STEINFELD, DAVID
Address: 3828 LA VISTA CIR
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: DREWES, MARTIN
Address: 3844 LAVISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: PD (X) Change () Addition
Name: GREENE, PRISCILLA
Address: 3838 LA VISTA CIR
City-St-Zip: JACKSONVILLE, FL 32217

Title: STD (X) Change () Addition
Name: STEINFELD, DAVID
Address: 3828 LA VISTA CIR
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELTON CONANT

RA

01/15/2009

Electronic Signature of Signing Officer or Director

Date