

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009366

FILED
Jan 19, 2009
Secretary of State

Entity Name: LAKESIDE AT TAVARES ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1903
TAVARES, FL 32778

New Principal Place of Business:

% 3818 WINDY MEADOW DR
TAVARES, FL 32778

Current Mailing Address:

P.O. BOX 1903
TAVARES, FL 32778

New Mailing Address:

FEI Number: 55-0813123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELKE, BRIAN J PA
531 NORTH BAY STREET
EUSTIS, FL 32226 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: P () Delete
Name: RAGONA, AL
Address: 3616 BAYSHORE CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: VP () Delete
Name: HUTCHINGS, PAUL
Address: 3564 BAYSHORE CIR
City-St-Zip: TAVARES, FL 32778

Title: S () Delete
Name: CHRYSTOL, CAROLE
Address: 3725 BAYSHORE CIR
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: WILTSIE, ROBERT S
Address: 3813 BAYSHORE CIR
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: BARTO, FRANK
Address: 3707 WINDY MEADOW
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: PLUMMER, WALT
Address: 3838 BAYSHORE CIR
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: RAGONA, AL
Address: 3616 BAYSHORE CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: HUTCHINGS, PAUL
Address: 3564 BAYSHORE CIR
City-St-Zip: TAVARES, FL 32778

Title: SD (X) Change () Addition
Name: CHRYSTOL, CAROLE
Address: 3725 BAYSHORE CIR
City-St-Zip: TAVARES, FL 32778

Title: PD (X) Change () Addition
Name: WILTSIE, ROBERT S
Address: 3813 BAYSHORE CIR
City-St-Zip: TAVARES, FL 32778

Title: TD (X) Change () Addition
Name: BARTO, FRANK
Address: 3707 WINDY MEADOW
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANK CARLSSON

MANA

01/19/2009

Electronic Signature of Signing Officer or Director

Date