2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009979

Entity Name: LAKESIDE COMMUNITY OWNERS ASSOCIATION, INC.

FILED Apr 02, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4902 EISENHOWER BLVD., SUITE 380 TAMPA, FL 33634				3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677		
Current Mailing Address:				New Mailing Address:		
4902 EISENHOWER BLVD., SUITE 380 TAMPA, FL 33634				PO BOX 2157 OLDSMAR, FL 34677		
FEI Number	: 11-3679975	FEI Number Applied For ()	FEI Num	nber Not App	licable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
VALENTI, BETTY D 4902 EISENHOWER BLVD., SUITE 380 TAMPA, FL 33634				HANSON, JACK B 3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677		
	e named entity e of Florida.	submits this statement for the p	ourpose of	f changing i	its registered	office or registered agent, or both
SIGNATURE: JACK B HANSON						04/02/2004
	Electro	nic Signature of Registered Age	ent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	APARACIO, NI	OWER BLVD., SUITE 380		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	HORNE, T. CH	NT CENTER BLVD., SUITE 108		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	NADER, DAVID	NT CENTER BLVD., SUITE 108		Title: Name: Address: City-St-Zip:	CORACE, PAI	ONT CENTER BLVD., SUITE 108
Title: Name: Address: City-St-Zip:	VALENTI, BET	OWER BLVD., SUITE 289		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MACAULAY, K	NT CENTER BLVD., SUITE 1050		Title: Name: Address: Citv-St-Zip:	CISSEL, ERIN	ONT CENTER BLVD., SUITE 1050

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETTY D VALENTI PRES 04/02/2004