

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009979

FILED
May 11, 2009
Secretary of State

Entity Name: LAKESIDE COMMUNITY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1207 N HIMES AVE SUITE #3
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1207 N HIMES AVE SUITE #3
TAMPA, FL 33607

New Mailing Address:

FEI Number: 11-3679975 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES
1207 N HIMES AVE SUITE #3
TAMPA, FL 33607 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: PD () Delete
Name: MCNAMARA, LINDA
Address: 11302 CRANE LAKE COURT
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: MOLINA, AL
Address: 10602 LAKESIDE VISTA DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: PRESTON, CRISSY
Address: 10227 LAKESIDE VISTA DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: LOPEZ, GERALDO
Address: 11111 LAKE LANIER DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: VD () Delete
Name: GILREATH, DAVID
Address: 11244 LAKE LANIER DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: TD () Delete
Name: WATTERS, JEFFERY
Address: 11231 LAKE LANIER DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MCLAUGHLIN, DAVID
Address: 10521 LAKESIDE VISTA DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: SD (X) Change () Addition
Name: LANDREM, JIM
Address: 11018 LAKESIDE VISTA DR.
City-St-Zip: RIVERVIEW, FL 33569

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

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: LINDA MCNAMARA

PD

05/11/2009

Electronic Signature of Signing Officer or Director

Date