


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90113 003 ****61.25

DOCUMENT # N03000007282	
1. Entity Name LAKESIDE MANAGEMENT ASSOCIATION, INC.	

Principal Place of Business 1265 W GRANADA BLVD STE 1 ORMOND BEACH, FL 32174	Mailing Address 1265 W GRANADA BLVD STE 1 ORMOND BEACH, FL 32174
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2. Principal Place of Business 1659 N. Clyde Morris Blvd.	3. Mailing Address 1659 N. Clyde Morris Blvd.
Suite, Apt. #, etc. Suite 3	Suite, Apt. #, etc. Suite 3

City & State Daytona Beach, FL	City & State Daytona Beach, FL
Zip 32117	Country Volusia



05022005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0206982 90-0157802		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 PYLE, MICHAEL A 1265 W GRANADA BLVD STE 1 ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Michael A. Pyle Street Address (P.O. Box Number Is Not Acceptable) 1655 N. Clyde Morris Blvd Suite #1 City Daytona Beach, FL Zip Code 32117

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  **Michael A. Pyle** 5/2/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYLE, MICHAEL A 1265 W GRANADA BLVD STE 1 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer Carl P. Velie 1659 N. Clyde Morris Blvd, Suite #3 Daytona Beach, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELIE, CARL P 800 S NOVA ROAD STE P ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Charles A. Coleman 619 N. Beach Street Daytona Beach, FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEDDER, DAVID 1414 W GRANADA BLVD STE 2 ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael A. Pyle 1655 N. Clyde Morris Blvd, Suite #1 Daytona Beach, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Carl P. Velie** 5/2/2005 (386) 274-4980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #