

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008275

FILED
Mar 05, 2008
Secretary of State

Entity Name: LAKESIDE ASSOCIATION, INC.

Current Principal Place of Business:

1915 LAVERS CIRCLE
E106
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

1915 LAVERS CIRCLE
E106
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 20-1219097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHULL, WILLIAM S
2025 LAVERS CIRCLE
D305
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

SHULL, WILLIAM S
1915 LAVERS CIRCLE
E106
DELRAY BEACH, FL 33444 US

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:

03/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: LARUE, JOSEPH
Address: 1915 LAVERS CIR., #E507
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: VD () Delete
Name: HONOR, JANET
Address: 1915 LAVERS CIR., #E310
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: D () Delete
Name: PATEL, NARENDRA
Address: 820 LAVERS CIRCLE #G501
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: PD () Delete
Name: SHULL, WILLIAM
Address: 2025 LAVERS CIRCLE #D305
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: SD () Delete
Name: GRECO, ANTHONY
Address: 2025 LAVERS CIRCLE #D108
City-St-Zip: DELRAY BEACH, FL 33444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: PATEL, NARENDRA
Address: 820 LAVERS CIRCLE #G501
City-St-Zip: DELRAY BEACH, FL 33444 US

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

Title: D (X) Change () Addition
Name: GRECO, ANTHONY
Address: 2025 LAVERS CIRCLE #D108
City-St-Zip: DELRAY BEACH, FL 33444 US

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: WILLIAM S. SHULL

PD

03/05/2008

Electronic Signature of Signing Officer or Director

Date