2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008275

Entity Name: LAKESIDE ASSOCIATION, INC.

FILED Jan 17, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1915 LAVERS CIRCLE

E106

DELRAY BEACH, FL 33444 US

Current Mailing Address: New Mailing Address:

1915 LAVERS CIRCLE

E106

DELRAY BEACH, FL 33444 US

FEI Number: 20-1219097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ASSOCIATED CORPORATE SERVICE SACHS SAX CAPLAN
6111 BROKEN SOUND PARKWAY 6111 BROKEN SOUND PARKWAY
SUITE 200 SUITE 200

BOCA RATON, FL 33487 US BOCA RATON, FL 33487 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: STEVE RAPPAPORT 01/17/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP

 Name:
 LARUE, JOSEPH

 Address:
 1915 LAVERS CIR., #E507

 City-St-Zip:
 DELRAY BEACH, FL 33444 US

Title: VP

 Name:
 HONOR, JANET

 Address:
 1915 LAVERS CIR., #E310

 City-St-Zip:
 DELRAY BEACH, FL 33444 US

Title: SD

Name: REIS, FRANK

Address: 950 LAVERS CIRCLE #F403 City-St-Zip: DELRAY BEACH, FL 33444 US

Title: VP

Name: THOMAS, TOMMY

Address: 2025 LAVERS CIRCLE #D303 City-St-Zip: DELRAY BEACH, FL 33444 US

Title: PD Name: ATTARD, AL

Address: 1915 LAVERS CIRCLE #502 City-St-Zip: DELRAY BEACH, FL 33444 US

I hereby 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 all other like empowered.

SIGNATURE: AL ATTARD PD 01/17/2012