



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90017 043 ****61.25

DOCUMENT # N03191 1. Entity Name LAKE SIDE CLUB AND POOL ASSOCIATION, INC.					
Principal Place of Business 12606 SHADOW RIDGE BLVD. HUDSON, FL 34669-2791			Mailing Address 12606 SHADOW RIDGE BLVD. HUDSON, FL 34669-2791 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02262008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2548866	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETRASHEK, JOHN L 12338 GOLDEN OAK CIRCLE HUDSON, FL 34669			7. Name and Address of New Registered Agent Name Michelle French Street Address (P.O. Box Number is Not Acceptable) 12946 Kellywood Cir City Hudson FL Zip Code 34669		
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 <i>Michelle French</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 2/26/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUELLETTE, CAROL 12802 LAKE TREE LN HUDSON, FL 34669	<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	VPD BRANDT, JOHN 12601 SHADOW RIDGE BLVD HUDSON, FL 34669	<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	TS WILSON, PAULINE 12417 SHADOW RIDGE BLVD HUDSON, FL 34669	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	michelle French 12946 Kellywood Cir (Treasurer) Hudson, FL 34669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STIMSON, MARYANNE 12420 GOLDEN OAK CIR HUDSON, FL 34669	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	michelle French 12946 Kellywood Cir Hudson, FL 34669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADY, WILLIAM 12801 LAKE TREE LANE HUDSON, FL 34669	<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	D AULETTA, MARION 12845 WALNUT TREE HUDSON, FL 34669	<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 exemptions contained 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 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: <i>Michelle French</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			MICHELLE FRENCH, TREASURER 2/26/08 856-5952 <small>Date Daytime Phone #</small>		