

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90047 020 \*\*\*\*61.25

<b>DOCUMENT # N04000008001</b> 1. Entity Name LAKESIDE OF INVERNESS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 316 NORTH JOHN YOUNG PARKWAY, SUITE 14 KISSIMMEE, FL 34741		Mailing Address 316 NORTH JOHN YOUNG PARKWAY, SUITE 14 KISSIMMEE, FL 34741	
2. Principal Place of Business - No P.O. Box # 2412 N Essex Ave Suite, Apt. #, etc.		3. Mailing Address 2412 N Essex Ave Suite, Apt. #, etc.	
City & State Hernando, FL Zip 34442		City & State Hernando, FL Zip 34442	
Country Citrus		Country Citrus	
4. FEI Number 27-0107581		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 IDEAL OPPORTUNITIES, INC. 316 NORTH JOHN YOUNG PARKWAY, SUITE 14 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Joseph Community Mgmt, LLC Street Address (P.O. Box Number is Not Acceptable) 2412 N Essex Ave City Hernando FL Zip Code 34442	
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>Hugo E. Phillips CPA Inc MGRM</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>4/19/08</i> <small>DATE</small>	
Filing Fee \$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	PD GROENENDIJK, PETRUS J 316 NORTH JOHN YOUNG PARKWAY, SUITE 14 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATSER, CHRISTIAN G 316 NORTH JOHN YOUNG PARKWAY, SUITE 14 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAJEED, BEBE N 316 NORTH JOHN YOUNG PARKWAY, SUITE 14 KISSIMMEE, FL 34741	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
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 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>Hugo E. Phillips CPA Inc MGRM</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>4/19/08</i> 352 Daytime Phone # <i>527 1990</i>	