

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011207

FILED  
Apr 21, 2005  
Secretary of State

**Entity Name:** LAKESIDE AT INLET BEACH OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4399 COMMONS DRIVE EAST  
SUITE 300  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

4399 COMMONS DRIVE EAST  
SUITE 300  
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number:** 20-2051910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, STEVEN K  
4399 COMMONS DRIVE EAST  
SUITE 300  
DESTIN, FL 32541 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAPLANTE, STEVE  
Address: 177 ROSEMARY AVENUE  
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: VP ( ) Delete  
Name: GILES, JOHN  
Address: 177 ROSEMARY AVENUE  
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: S ( ) Delete  
Name: BRADLEY, STEVE  
Address: 177 ROSEMARY AVENUE  
City-St-Zip: ROSEMARY BEACH, FL 32461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN GILES

VP

04/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date