

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90079 010 ****61.25

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1. Entity Name
LAKESIDE AT INLET BEACH OWNERS ASSOCIATION, INC.



Principal Place of Business
**PINE CONE TRAIL
PANAMA CITY BEACH, FL 32413**

Mailing Address
**POST OFFICE BOX 611457
ROSEMARY BEACH, FL 32461**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2051910

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER, TAMMIE K
36132 EMERALD COAST PARKWAY
DESTIN, FL 32541**

Name **Zach Johnson**
Street Address (P.O. Box Number is Not Acceptable) **36132 Emerald Coast Parkway**
City **Destin** FL Zip Code **32541**

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 **Zach Johnson, Manager**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4/26/07**

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD SILEO, ALDA**
STREET ADDRESS **167 MAY DRIVE**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Delete
NAME **VD CROMMELIN, HARRIET**
STREET ADDRESS **44 SEAWATCH DRIVE**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Delete
NAME **STD NUNNELLY, KRISTEN**
STREET ADDRESS **473 CLAREON DRIVE**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Zach Johnson, Manager **4/26/07** **850-231-2738**
Signature and typed or printed name of signing officer or director Date Daytime Phone #