

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011207

FILED
Jan 28, 2009
Secretary of State

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

Current Principal Place of Business:

PINE CONE TRAIL
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 611457
ROSEMARY BEACH, FL 32461

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:

JOHNSON, ZACH
36132 EMERALD COAST PARKWAY
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

JOHNSON, ZACH
11714 EMERALD COAST PARKWAY, STE. 105
MIRAMAR BEACH, FL 32550 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: ZACH JOHNSON

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILEO, ALDA
Address: 167 MAY DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD () Delete
Name: CROMMELIN, HARRIET
Address: 44 SEAWATCH DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD () Delete
Name: NUNNELLY, KRISTEN
Address: 473 CLAREON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: MAY, TOMMY
Address: 237 WILDERNESS WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALDA SILEO

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date