

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04413

FILED
Apr 14, 2006
Secretary of State

Entity Name: LAKESIDE PATIO HOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 505
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

P.O. BOX 505
PONTE VEDRA BEACH, FL 32004

Current Mailing Address:

P.O. BOX 505
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

P.O. BOX 505
PONTE VEDRA BEACH, FL 32004

FEI Number: 59-2481193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TISSUE, JOHN W.
2023 PALMETTO POINT DRIVE
PONTE VEDRA BEACH, FL 32082 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: SD () Delete
Name: MULLINAX, SUSIE
Address: 2024 PALMETTO PT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: AUGSPURGER, ROBERT
Address: 2017 PALMETTO PT DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: SHANNON, ROBERT
Address: 2021 PALMETTO POINT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: BURNFIELD, WILLIAM
Address: 2004 PALMETTO POINT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MULLINAX, SUSIE
Address: 2024 PALMETTO PT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

Title: SD (X) Change () Addition
Name: GALLEY, TODD
Address: 2022 PALMETTO POINT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD (X) Change () Addition
Name: BURNFIELD, WILLIAM
Address: 2004 PALMETTO POINT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT L AUGSPURGER

TD

04/14/2006

Electronic Signature of Signing Officer or Director

Date