## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04413

FILED Mar 21, 2009 Secretary of State

Entity Name: LAKESIDE PATIO HOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2017 PALMETTO POINT DRIVE PONTE VEDRA BEACH, FL 32082 **Current Mailing Address: 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: Name and Address of New Registered Agent: TISSUE, JOHN W ESQ 2023 PALMETTO POINT DRIVE PONTE VEDRA BEACH, FL 32082 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TISSUE, JOHN W Name: Name: 2023 PALMETTO POINT DRIVE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition AUGSPURGER, ROBERT Name: AUGSPURGER, ROBERT L Name: Address: 2017 PALMETTO POINT DRIVE Address: 2017 PALMETTO POINT DRIVE City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: () Delete Title: (X) Change ( ) Addition MCALHANY, SARAH E SUR, MARK Name: Name: 2030 PALMETTO POINT DRIVE 2026 PALMETTO POINT DRIVE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 ( ) Delete Title: VD Title: () Change () Addition BURNFIELD, WILLIAM Name: Name: 2004 PALMETTO POINT DRIVE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition LEVOY, BARBARA Name: Name: LEVOY, BARBARA 2014 PALMETTO POINT DRIVE 2014 PALMETTO POINT DRIVE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: ROBERT L AUGSPURGER TD 03/21/2009