## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006880

FILED Apr 29, 2008 Secretary of State

Entity Name: LAKESIDE TOWN HOMES II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

316 N JOHN YOUNG PKY 4450 E. WINDMILL DRIVE

# 107

KISSIMMEE, FL 34741 INVERNESS, FL 34453

**New Mailing Address: Current Mailing Address:** 

4450 E. WINDMILL DRIVE P O BOX 430401 KISSIMMEE, FL 34743

# 107

INVERNESS, FL 34453

FEI Number: 35-2267720 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:

IDEAL OPPORTUNITIES, INC. SANDIFORT, JAN-ERNST 316 N JOHN YOUNG PKY 4450 E. WINDMILL DRIVE # 107

KISSIMMEE, FL 34741 US INVERNESS, FL 34453 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: JAN ERNST SANDIFORT 04/29/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PDST (X) Change ( ) Addition () Delete SANDIFORT, JAN EARNST SANDIFORT, JAN EARNST Name: Name: Address:

316 N. JOHN YOUNG PKWY., SUITE 14 Address: 4450 E. WINDMILL DRIVE #107

City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: INVERNESS, FL 34453

Title: Title: (X) Change ( ) Addition ( ) Delete Name:

BALK, JOS Name: BALK, JOS Address: 316 N. JOHN YOUNG PKWY., SUITE 14 Address: 4450 E. WINDMILL DRIVE #107

City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: INVERNESS, FL 34453

Title: () Delete Title: (X) Change ( ) Addition

IVANOV, SIMONA Name: IVANOV, SIMONA Name:

316 N JOHN YOUNG PKWY, SUITE 14 4450 E. WINDMILL DRIVE #107 Address: Address:

City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: INVERNESS, FL 34453

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: JAN ERNST SANDIFORT **PDST** 04/29/2008