

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90047 023 ****61.25

DOCUMENT # N05000007046					
1. Entity Name LAKESIDE TOWN HOMES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 316 N JOHN YOUNG PKY 14 KISSIMMEE, FL 34741			Mailing Address 316 N JOHN YOUNG PKY 14 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box # 2412 N Essex Ave Suite, Apt. #, etc.		3. Mailing Address 2412 N Essex Ave Suite, Apt. #, etc.			
City & State Hernando, FL Zip: 34442 Country: Citrus		City & State Hernando, FL Zip: 34442 Country: Citrus		4. FEI Number 30-0352394	
6. Name and Address of Current Registered Agent IDEAL OPPORTUNITIES, INC. 316 N JOHN YOUNG PKY 14 KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name: Joseph Community Mgmt, LLC Street Address (P.O. Box Number is Not Acceptable): 2412 N Essex Ave City: Hernando FL Zip Code: 34442	
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: <i>Hyde E. Plummer CPA Inc MGRM</i> DATE: 4/19/08					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GROENENDIJK, PETER J 316 N JOHN YOUNG PKWY STE 14 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAJEED, BEBE N 316 N JOHN YOUNG PKWY STE 14 KISSIMMEE, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATSER, CHRISTIAN 316 N JOHN YOUNG PKWY STE 14 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Hyde E. Plummer CPA Inc MGRM</i> DATE: 4/19/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					