2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N05000007046

Entity Name: LAKESIDE TOWN HOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2412 N ESSEX AVE
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

2412 N ESSEX AVE
14
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 30-0352394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH COMMUNITY MGMT, LLC
2412 N ESSEX AVE
HERNANDO, FL 34442 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: DP ( ) Delete
Name: GROENENDIJK, PETER J
Address: 316 N JOHN YOUNG PKWY STE 14
City-St-Zip: KISSIMMEE, FL 34741

Title: DV ( ) Delete
Name: MAJEED, BEBE N
Address: 316 N JOHN YOUNG PKWY STE 14
City-St-Zip: KISSIMMEE, FL 34711

Title: D ( ) Delete
Name: MATSER, CHRISTIAN
Address: 316 N JOHN YOUNG PKWY STE 14
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SANDIFORT, JAN
Address: PO BOX 1353
City-St-Zip: INVERNESS, FL 34451

Title: DS (X) Change ( ) Addition
Name: PAUELSEN, MARIA
Address: 1482 N ABALONE TERRACE
City-St-Zip: HERNANDO, FL 34442

Title: DT (X) Change ( ) Addition
Name: SMITH, AUDREY
Address: 9410 VERONA LAKES BLVD
City-St-Zip: BOYNTON BEACH, FL 33437

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 SANDIFORT DP 04/23/2009

Electronic Signature of Signing Officer or Director — Date