

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007046

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**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:**

918 E NORVELL BRYANT HWY  
HERNANDO, FL 34442

**Current Mailing Address:**

2412 N ESSEX AVE  
14  
HERNANDO, FL 34442

**New Mailing Address:**

918 E NORVELL BRYANT HWY  
HERNANDO, FL 34442

**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:**

PHILLIPS CPA & MANAGMENT SERVICES, INC  
918 E NORVELL BRYANT HWY  
HERNANDO, FL 34442 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: PHILLIPS CPA & MANAGEMENT SERVICES, INC

02/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SANDIFORT, JAN  
Address: PO BOX 1353  
City-St-Zip: INVERNESS, FL 34451

Title: DS  
Name: PAUELSEN, MARIA  
Address: 1482 N ABALONE TERRACE  
City-St-Zip: HERNANDO, FL 34442

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

I hereby 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 all other like empowered.

SIGNATURE: JAN SANDIFORT

DP

02/23/2010

Electronic Signature of Signing Officer or Director

Date