## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000009970

FILED Mar 10, 2008 Secretary of State

Entity Name: LAKESIDE LANDINGS MASTER ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 59-3822975 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: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 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 (X) Change ( ) Addition TACKETT, JAMES E LUPLOW, ERIC Name: Name: 3050 NORTH HORSESHOE DR STE 105 Address: 3050 NORTH HORSESHOE DR STE 105 Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: () Change () Addition Name: AGNELLI, JOHN J Name: Address: 3050 NORTH HORSESHOE DR STE 105 Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: () Delete Title: () Change () Addition HIGGS, ANTONIA M Name: Name: 3050 NORTH HORSESHOE DR STE 105 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: LOIACANO, LISA Name: 3050 NORTH HORSESHOE DR STE 105 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip:

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: ERIC LUPLOW PD 03/10/2008