## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N05000009970

The Hile Down Apr 21, 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 SALVATORI & WOOD, P.L 4001 TAMIAMI TRAIL NORTH SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 SUITE 330 LONGWOOD, FL 32779 US NAPLES, FL 34103 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: C. LANE WOOD 04/21/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LUPLOW, ERIC Name: Name: 3050 NORTH HORSESHOE DR STE 105 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: 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: SD () 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 04/21/2008