

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 21, 2009**  
**Secretary of State**

DOCUMENT# N05000009970

**Entity Name:** LAKESIDE LANDINGS MASTER ASSOCIATION, INC.**Current Principal Place of Business:**3050 N. HORSESHOE DRIVE  
SUITE 105  
NAPLES, FL 34104 US**New Principal Place of Business:****Current Mailing Address:**3050 N. HORSESHOE DRIVE  
SUITE 105  
NAPLES, FL 34104 US**New Mailing Address:****FEI Number:** 59-3822975**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SALVATORI, WOOD, BUCKEL & WEIDENMILLER, PL  
9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL 34108 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: PD ( ) Delete  
Name: LUPLOW, ERIC  
Address: 3050 N. HORSESHOE DRIVE, SUITE 105  
City-St-Zip: NAPLES, FL 34104 US

Title: VPD ( ) Delete  
Name: AGNELLI, JOHN J  
Address: 3050 N. HORSESHOE DRIVE, SUITE 105  
City-St-Zip: NAPLES, FL 34104 US

Title: SD ( ) Delete  
Name: HIGGS, ANTONIA M  
Address: 3050 N. HORSESHOE DRIVE, SUITE 105  
City-St-Zip: NAPLES, FL 34104 US

Title: TD ( ) Delete  
Name: LOIACANO, LISA  
Address: 3050 N. HORSESHOE DRIVE, SUITE 105  
City-St-Zip: NAPLES, FL 34104 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HIGGS, WILLIAM T  
Address: 3050 N. HORSESHOE DRIVE, SUITE 105  
City-St-Zip: NAPLES, FL 34104 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: COOK, BEVERLY  
Address: 3050 N. HORSESHOE DRIVE, SUITE 105  
City-St-Zip: NAPLES, FL 34104 US

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: WILLIAM T. HIGGS

PD

08/21/2009

Electronic Signature of Signing Officer or Director

Date