

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003586

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** VILLAS AT LAKESIDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1900 SUMMER CLUB DR  
OVIEDO, FL 32765

**New Principal Place of Business:**

1900 SUMMER CLUB DR  
CLUBHOUSE  
OVIEDO, FL 32765

**Current Mailing Address:**

1900 SUMMER CLUB DR  
OVIEDO, FL 32765

**New Mailing Address:**

1900 SUMMER CLUB DR  
CLUBHOUSE  
OVIEDO, FL 32765

**FEI Number:** 20-4409970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOUGLAS L. RANKIN  
2335 TAMIAMI TRAIL NORTH  
SUITE 308  
NAPLES, FL 34103 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:** PRES  
**Name:** COHEN, CARL  
**Address:** 1900 SUMMER CLUB DR  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** VP  
**Name:** RANKIN, DOUGLAS L  
**Address:** 1900 SUMMER CLUB DR  
**City-St-Zip:** OVIEDO, FL 32765 US

**Title:** S/TR  
**Name:** MOHAMMAD, AFKHAM I  
**Address:** 1900 SUMMER CLUB DR  
**City-St-Zip:** OVIEDO, FL 32765 US

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:** CARL COHEN

PRES

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date