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

DOCUMENT# N06000003826

City-St-Zip:

SARASOTA, FL 34232

TI FILED
Sep 30, 2008
Secretary of State

Entity Name: LAKESIDE VILLAGE TOWNHOME CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

325 INTERSTATE BLVD 7515 GRAND HARBOUR PARKWAY

SARASOTA, FL 34240 BRADENTON, FL 34212

Current Mailing Address: New Mailing Address:

4654 SR 64 E 118 4654 SR 64 E

SARASOTA, FL 34232 BRADENTON, FL 34208

FEI Number: 20-5945930 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:

SHIELDS, CHRISTOPHER J COLLETTI, DENNIS K JR

1833 HENDRY STREET 7515 GRAND HARBOUR PARKWAY FORT MYERS, FL 33901 US BRADENTON, FL 34212 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: DENNIS COLLETTI 09/30/2008

Electronic Signature of Registered Agent Date

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

City-St-Zip:

Title: PD ()Delete Title: ()Change ()Addition

 Name:
 BURDETT, ANTHONY J
 Name:

 Address:
 551 N CATTLEMAN RD STE 200
 Address:

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HEIDORN, BOB
 Name:

 Address:
 551 N CATTLEMAN RD STE 200
 Address:

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:

Title: STD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RILEY, WILLIAM
 Name:

 Address:
 551 N CATTLEMAN RD STE 200
 Address:

 City-St-Zip:
 SARASOTA, FL 34232
 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: DENNIS COLLETTI RA 09/30/2008