FILED
May 19, 2008 8:00 am
Secretary of State

04-17-2008 90012 049 ****61.25

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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000004670

1. Entity Name
VILLAS AT LAKESIDE CENTRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
1069 MAIN ST.
SEBASTIAN, FL

Mailing Address
1069 MAIN ST.
SEBASTIAN, FL

66011016

01112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

4. FEI Number 26-2609316 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LULICH, STEVEN
1069 MAIN ST.
SEBASTIAN, FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetated) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	LULICH, STEVEN	
STREET ADDRESS	1069 MAIN ST.	
CITY-ST-ZIP	SEBASTIAN, FL	
TITLE	STD	☐ Delete
NAME	LULICH, LINDA	
STREET ADDRESS	1069 MAIN ST.	
CITY-ST-ZIP	SEBASTIAN, FL	
TITLE	VD	☐ Delete
NAME	PRINCE, VERNON	
STREET ADDRESS	106 ISLAND VIEW DR.	
CITY-ST-ZIP	INDIAN HARBOR BCH, FL 32937	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/4/08 772 589 5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #