

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

DOCUMENT# N08000008015

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** LAKESIDE RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8710 SE 19TH AVENUE ROAD  
OCALA, FL 34480

**New Principal Place of Business:**

514 SE 22ND AVENUE  
OCALA, FL 34471

**Current Mailing Address:**

8710 SE 19TH AVENUE ROAD  
OCALA, FL 34480

**New Mailing Address:**

514 SE 22ND AVENUE  
OCALA, FL 34471

**FEI Number:** 30-0539946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURNS, ROBERT L JR  
8710 SE 19TH AVENUE ROAD  
OCALA, FL 34480 US

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

CREWS, MICHAEL B  
514 SE 22ND AVENUE  
OCALA, FL 34471 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: MICHAEL B. CREWS

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: CREWS, MICHAEL B  
Address: 514 SE 22ND AVENUE  
City-St-Zip: Ocala, FL 34471

Title: VTD  
Name: CREWS, AMY T  
Address: 514 SE 22ND AVENUE  
City-St-Zip: Ocala, FL 34471

Title: D  
Name: THOMAS, EUGENE  
Address: 514 SE 22ND AVENUE  
City-St-Zip: Ocala, FL 34471

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: MICHAEL B. CREWS

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04/29/2011

Electronic Signature of Signing Officer or Director

Date