

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08658

FILED
Mar 21, 2005
Secretary of State

Entity Name: LAKESIDE AT SHADOWBAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2262363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 W. SR 434, STE. 5000
LONGWOOD, FL 32779 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: TD () Delete
Name: HERNANDEZ, CYNDY
Address: 308 SHADOWBAY BLVD. #216
City-St-Zip: LONGWOOD, FL 32779

Title: PD () Delete
Name: BROWN, DAVID
Address: 300 N. SHADOWBAY BLVD. #200
City-St-Zip: LONGWOOD, FL 32779

Title: VPD () Delete
Name: BODY, JACQUELINE
Address: 308 SHADOWBAY BLVD #212
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: MCDONALD, NANCY
Address: 300 SHADOWBAY BLVD N #202
City-St-Zip: LONGWOOD, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARKHAM, SALLY
Address: 300 SHADOWBAY BLVD #206
City-St-Zip: LONGWOOD, FL 32779

Title: VPD (X) Change () Addition
Name: BROWN, DAVID
Address: 300 SHADOWBAY BLVD #200
City-St-Zip: LONGWOOD, FL 32779

Title: SD (X) Change () Addition
Name: BODY, JACQUELINE
Address: 308 SHADOWBAY BLVD #212
City-St-Zip: LONGWOOD, FL 32779

Title: TD (X) Change () Addition
Name: MCDONALD, NANCY
Address: 300 SHADOWBAY BLVD N #202
City-St-Zip: LONGWOOD, FL 32779

Title: D () Change (X) Addition
Name: BENSINGER, KARLEEN
Address: 300 SHADOWBAY BLVD #106
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SALLY MARKHAM

PD

03/21/2005

Electronic Signature of Signing Officer or Director

Date