2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2010
Secretary of State

DOCUMENT# N08658

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
Name: ROSITO, JOE
Address: 300 SHADOWBAY BLVD #104
City-St-Zip: LONGWOOD, FL 32779

Title: PD
Name: FOWLE, BARBARA
Address: 308 SHADOWBAY BLVD #216
City-St-Zip: LONGWOOD, FL 32779

Title: SD
Name: CRAWLEY, MARY ANN
Address: 300 SHADOWBAY BLVD #204
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: MCDONALD, NANCY
Address: 300 SHADOWBAY BLVD #202
City-St-Zip: LONGWOOD, FL 32779

Title: VPD
Name: BODY, JACQUE
Address: 308 SHADOWBAY BLVD #212
City-St-Zip: LAONGWOOD, FL 32779

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: BARBARA FOWLE PD 03/10/2010

Electronic Signature of Signing Officer or Director — Date