

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90291 032 \*\*\*\*61.25

|                                                                        |                                                                                   |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N09657</b>                                               |  |
| 1. Entity Name<br><b>LAKESIDE TERRACE HOMEOWNERS ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>24 SUNRISE LANE<br/>FRUITLAND PARK, FL 34731 US</b> | Mailing Address<br><b>24 SUNRISE LANE<br/>FRUITLAND PARK, FL 34731 US</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

**20019019**



01122005 Chg-NP CR2E037 (10/03)

|                                                                                                 |                                                            |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 4. FEI Number<br><b>59-2590615</b>                                                              | Applied For ...<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                            |

|                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>SMITH, JEAN L<br/>91 LAKE GRIFFIN DR<br/>FRUITLAND PARK, FL 34731</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               | 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 *L. Jean Smith* **L. JEAN SMITH** **3-1-05**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

|                                                     |                                                                                                                        |                                                              |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>BARBARA SPENCER<br>81 LAKE GRIFFIN DR.<br>FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP Kolbe, Edd<br>12 Lakewood Ln.<br>FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>HAYDEN, LEE<br>62 EDEN DR.<br>FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DV Hayden, Lee<br>62 Eden Dr.<br>FRUITLAND PARK, FL 34731 <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>SMITH, JEAN L<br>91 LAKE GRIFFIN DR.<br>FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DT Smith, Jean L<br>91 LAKE GRIFFIN DR.<br>FRUITLAND PARK, FL 34731 <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>ANIOL, MARGARET E<br>55 WINTERGREEN DR.<br>FRUITLAND, PA 34731 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DS Aniol, Margaret E<br>55 Wintergreen Dr.<br>FRUITLAND PARK, FL 34731 <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>FUDGE, NORM<br>7 CLUBHOUSE DR.<br>FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DV Santella, Joan<br>51 LAKE GRIFFIN DR.<br>FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *L. Jean Smith* **L. JEAN SMITH** **3-1-05 (352) 728-5100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date