2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State
03-06-2006 90004 037 ****61.25

DOCUMENT # N09657

1. Entity Name
LAKESIDE TERRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
24 SUNRISE LANE FRUITLAND PARK, FL 34731 US	24 SUNRISE LANE FRUITLAND PARK, FL 34731 US

02222006 Chg-NP CR2E037 (11/05)

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

4. FEI Number 59-2590615 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, JEAN L 91 LAKE GRIFFIN DR FRUITLAND PARK, FL 34731	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: Lisa Jean Smith JEAN SMITH 3-3-06
(Required. Name of printed name of registered agent per line 6 if applicable. (NOTE: Registered Agent signature required when changed) DATE

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KOLBE, EDD 12 LAKEWOOD LN FRUITLAND PARK, FL 34731	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BARCUS, CHARLES E. 95 LAKE GRIFFIN FR. FRUITLAND PARK, FL 34731	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HAYDEN, LEE 62 EDEN DR. FRUITLAND PARK, FL 34731	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FUDGE, NORMA 7 CLUBHOUSE DR. FRUITLAND PARK, FL 34731	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SMITH, JEAN L 91 LAKE GRIFFIN DR. FRUITLAND PARK, FL 34731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ANIOL, MARGARET E 55 WINTERGREEN DR. FRUITLAND, PA 34731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SANTELLA, JOAN 51 LAKE GRIFFIN DR FRUITLAND PARK, FL 34731	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LENNON, MICHELLE 30 SUNRISE LANE FRUITLAND PARK, FL 35731	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Lisa Jean Smith L. JEAN SMITH 3-3-06 352-728-5100
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #