## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2007 8:00 am Secretary of State

DOCUMENT # N09657  1. Entity Name LAKESIDE TERRACE HOMEOWNERS ASSOCIATION, INC.					04	4-1 <i>6-2007</i> 90	0326 008 :	****61.	25
Principal Place 24 SUNRISE I FRUITLAND P		Mailing Address 24 SUNRISE LANE FRUITLAND PARK, FL 34	1731 US				A.B.( A.B.) B.(A.)	QII PIRII SIQ	111E ( #1 180)
2. Princinal Pl	lace of Business - No P.O. Box #	3. Mailing Address	<u>-</u>						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			0.1262007 <sub>Cl</sub>	hg-NP	CR2E037	(12/06)	
City & State		City & State			<ol> <li>FEI Number</li> <li>59-259061</li> </ol>	.5		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of St	tatus Desired		3.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Add	Iress of New Re			
SMITH. JE	AN I		Name	Anic	ol Rich	Ard J.	,		
SMITH, JEAN L 91 LAKE GRIFFIN DR FRUITLAND PARK, FL 34731				ddress (P.	O Box Number is	Not Acceptable	<u>)</u>	-	
FRUITLAN	D PARK, FL 34731		_		· — —				
	• •		city F	ruitl	land PK.		FL	Zip Code 347	31
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office o	r registere	d agent, or both, in	the State of Flo	rida. I am fan	niliar with,	and accept
SIGNATURE RICHARD J. ANIOL TREASURER 4-10-2007 Signature, typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								7	
	Signature, typed or printed name of registered agent				,	ri-r		0-20	00 /
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007		Registered Agent signat Daign Financing	ture required w	,	Ма		ayable to	0
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Camp Trust Fund Co	Registered Agent signat paign Financing entribution.	ture required w	shen reinstating)	M: Flori	DATE  ake check p  da Departm  RS AND DIREG	ayable to ent of St	o late
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12. Thereby certify that the information supplied with this filling 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: _	Richard L. Christ, RICHARD J. ANIOL	4-10-07	352-314-2477
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #