2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90028 020 ****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

03092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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
ANIOL, RICHARD J 55 WINTERGREEN 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 Richard Aniol RICHARD ANIOL TREASURER 3-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 BARCUS, CHARLES E 95 LAKE GRIFFIN DR FRUITLAND PARK, FL 34731	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SPENCER, BARBARA 81 LAKE GRIFFIN DR. FRUITLAND PARK, FL. 34731	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BOHLINGER, DAVID 44 EDEN DR FRUITLAND PARK, FL 34731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BOHLINGER, DAVID 44 EDEN DR. FRUITLAND PARK, FL. 34731	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WELCH, JAMES 16 LAKEWOOD LN FRUITLAND PARK, FL 34731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ANIOL, RICHARD J 55 WINTERGREEN DR. FRUITLAND, PA 34731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LENNON, MICHELLE 30 SUNRISE LANE FRUITLAND PARK, FL 34731	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BYRD, RICHARD 59 WINTERGREEN DR. FRUITLAND PARK, FL. 34731	☒ 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: Richard Aniol RICHARD ANIOL TREASURER 3-11-08 352-314-2477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #