2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N09657

Entity Name: LAKESIDE TERRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

24 SUNRISE LANE
FRUITLAND PARK, FL 34731 US

New Principal Place of Business:

Current Mailing Address:

24 SUNRISE LANE
FRUITLAND PARK, FL 34731 US

New Mailing Address:

FEI Number: 59-2590615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANIOL, RICHARD J
55 WINTERGREEN DR
FRUITLAND PARK, FL 34731 US

Name and Address of New Registered Agent:

KARWASINSKI, WALT
54 WINTERGREEN DR
FRUITLAND PARK, FL 34731 US

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: WALT KARWASINSKI 03/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SPENCER, BARBARA
Address: 81 LAKE GRIFFIN DR
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DS ( ) Delete
Name: BOHLINGER, DAVID
Address: 44 EDEN DR
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DV ( ) Delete
Name: WELCH, JAMES
Address: 16 LAKEWOOD LN
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DT ( ) Delete
Name: ANIOL, RICHARD J
Address: 55 WINTERGREEN DR.
City-St-Zip: FRUITLAND, PA 34731

Title: DV ( ) Delete
Name: BYRD, RICHARD
Address: 59 WINTERGREEN DR
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: WALDEN, KATHY
Address: 19 SUNRISE LANE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: KARWASINSKI, WALT
Address: 54 WINTERGREEN DR.
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DV (X) Change ( ) Addition
Name: STEPHENS, CREED
Address: 7 LAKEVIEW DR
City-St-Zip: FRUITLAND PARK, FL 34731

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA SPENCER DP 03/02/2009
Electronic Signature of Signing Officer or Director Date