2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10960

FILED Apr 30, 2009 Secretary of State

Entity Name: LAKESIDE KEY HOMEOWNERS' ASSOCIATION INC.

Entity Name. LAKESIDE KET HOWLOWNERS ASSOCIATI	HON, INC.
Current Principal Place of Business:	New Principal Place of Business:
PHOENIX MANAGEMENT SERVICES 4780 N. STATE RD. 7, SUITE E250 LAUDERDALE LAKES, FL 33319 US	1711 WORTHINGTON RD. SUITE 103 WEST PALM BEACH, FL 33409 US
Current Mailing Address:	New Mailing Address:
4780 N. STATE RD. #7 SUITE E250 LAUDERDALE LAKES, FL 33319 US	1711 WORTHINGTON RD SUITE 103 WEST PALM BEACH, FL 33409 US
FEI Number: 59-2577474 FEI Number Applied For () FEI	Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
PHOENIX MANAGEMENT SERVICES 4780 N. STATE RD. 7 SUITE E250 LAUDERDALE LAKES, FL 33319 US The above named entity submits this statement for the purposin the State of Florida.	ALLIED PROPERTY MANAGEMENT GRP INC 1711 WORTHINGTON RD SUITE 103 WEST PALM BEACH, FL 33409 US se of changing its registered office or registered agent, or both,
SIGNATURE: ANTHONY MAROTTA	04/30/2009
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: KAHN, DEBBIE Address: 1141 SW 98TH TERR. City-St-Zip: PEMBROKE PINES, FL 33025	Title: () Change () Addition Name: Address: City-St-Zip:
Title: T () Delete Name: COVER, JANICE Address: 1100 SW 100TH TERRACE City-St-Zip: PEMBROKE PINES, FL 33025	Title: () Change () Addition Name: Address: City-St-Zip:
Title: D () Delete Name: RODRIQUEZ, ROBERTO Address: 1120 SW 98TH TERR. City-St-Zip: PEMBROKE PINES, FL 33025	Title: () Change () Addition Name: Address: City-St-Zip:

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: DEBBIE KAHN D 04/30/2009