

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11510

FILED
Mar 27, 2007
Secretary of State

Entity Name: LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION OF OKALOOSA COUNTY, INC.

Current Principal Place of Business:

4400 HWY 20 E
SUITE 313
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5263
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-2652620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDSBERGER, DARLANE
4400 HWY 20 E
STE 313
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LABEE, CHUCK
Address: 343 SOMERSET BRIDGE ROAD
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: VD () Delete
Name: UNDERWOOD, EARL
Address: 218 ANTIGUA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: HORTON, MEREDITH
Address: 301 SOUTHLAKE COURT
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: LANDSBERGER, DARLANE
Address: 4400 HWY 20 E STE 313
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: BERGMANN, NANCY
Address: 101 SOUTHLAKE COURT
City-St-Zip: NICEVILLE, FL 32578

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HORTON, MEREDITH
Address: 301 SOUTHLAKE COURT
City-St-Zip: NICEVILLE, FL 32578

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

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

Title: SD () Change (X) Addition
Name: WHITTLE, SHIRLEY
Address: 105 SOUTHLAKE CT.
City-St-Zip: NICEVILLE, F; 32578

I hereby certify that the information supplied with this filing does not qualify for the 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: CHUCK LABEE

PD

03/27/2007

Electronic Signature of Signing Officer or Director

Date