2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N11510

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

Current Principal Place of Business:

4400 HWY 20 E
SUITE 312
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 312
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 US

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

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

Title: SD ( ) Delete
Name: WHITTLE, SHIRLEY
Address: 105 SOUTHLAKE COURT
City-St-Zip: NICEVILLE, FL 32578 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CHUCK LABEE PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date