## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N14979

FILED Apr 29, 2007 Secretary of State

Entity Name: LAKESIDE WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3510 EVE CT C/O OSS ASSOCIATION MANAGEMENT, INC. ORLANDO, FL 32810

753 SOUTH RANGER BOULEVARD WINTER PARK, FL 327924527 US

**Current Mailing Address:** New Mailing Address:

C/O OSS ASSOCIATION MANAGEMENT, INC. 3510 EVE CT ORLANDO, FL 32810

POST OFFICE BOX 5717

WINTER PARK, FL 327935717 US

FEI Number: 59-2707942 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:

> FERRARA, WILLIAM G 753 SOUTH RANGER BOULEVARD WINTER PARK, FL 327924527 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: WILLIAM G. FERRARA 04/29/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete VPD (X) Change (X) Addition

REYNOLDS, ANNE EMENIZOANIADO MANODICHEO NY Name: Name: 3510 EVE CT. Address: 3532 EVELBEUROURT Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810 US

(X) Change (X) Addition Title: STD () Delete Title: ANDRADE, MARGARITA Name: **MNIGRES**EMMERGARITA Name:

Address: 7634 LAKESIDE WOODS DR Address: 3638 BAKESAIKE VOLONORUS DR City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810 US

Title: TD () Delete Title: TD (X) Change ( ) Addition

DIXON, MARY DIXON, MARY Name: Name: 3508 GREATBEAR CT 3508 GREATBEAR CT Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 328102928 US

Title: () Delete Title: PD (X) Change ( ) Addition

Name: DALTO, FRANK Name: HOCKMAN, THOMAS

7600 LAKESIDE WOODS DR 2670 WEST FAIRBANKS AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: WINTER PARK, FL 32789 US

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: ANTHONY SANZANO D 04/29/2007