

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14979

FILED  
May 09, 2009  
Secretary of State

**Entity Name:** LAKESIDE WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O OSS ASSOCIATION MANAGEMENT, INC.  
753 SOUTH RANGER BOULEVARD  
WINTER PARK, FL 327924527 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O OSS ASSOCIATION MANAGEMENT, INC.  
POST OFFICE BOX 5717  
WINTER PARK, FL 327935717 US

**New Mailing Address:**

**FEI Number:** 59-2707942      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUGHES, MAI  
Address: 3518 SALT LAKE COURT  
City-St-Zip: ORLANDO, FL 32810 US

Title: D ( ) Delete  
Name: HOCKMAN, THOMAS P  
Address: 2670 WEST FAIRBANKS AVENUE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: STD ( ) Delete  
Name: DIXON, MARY  
Address: 3508 GREAT BEAR CT  
City-St-Zip: ORLANDO, FL 328102928 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:

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: MAI HUGHES

PD

05/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date