## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 06, 2000 8:00 am **DOCUMENT #** N17000006157 1. Entity Name **Secretary of State** LAKESIDE WOODS SOUTH ASSOCIATION, INC. 03-06-2000 90098 049 \*\*\*150.00 Mailing Address Principal Place of Business 200 CAPRI ISLES BLVD. TO CAPRI ISLES BLVD. VLINICE FL 34292 VENICE FL 34292-2335 3. Mailing Address 2. Principal Place of Business CT. 1106 SOUTHLAKE CT. 1106 SOUTHLAKE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0679906 VENICE. Not Applicable VENICE Country Zip \$8.75 Additional 5. Certificate of Status Desired 34292 USA U S A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JANET ANDREWS PETERSON, DAVID E Street Address (P.O. Box Number is Not Acceptable) 200 CAPRI ISLES BLVD. SOUTHLAKE VENICE FL 34292 VENICE 8. The above rained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATUR 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition 🛣 Change 🔀 Delete TITLE PETERSON, DAVID E JANET L. ANDREWS NAME 1/06 SOUTHLAKE CT. **401 SORRENTO RANCHES DRIVE** STREET ADDRESS STREET ADDRESS NOKOMIS FL 34275 CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP **⊠** Change ☐ Addition 📈 Delete TITLE PETERSON, DAVID C HUGH WILDER NAME NAME 1545 WATERFORD DRIVE STREET ADDRESS 1129 SOUTHLAKE CT STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIE VEDICE, FL 34292 Delete TITLE M Change ☐ Addition LAMONT W. ANDREWS PETERSON, STEPHANIE --NAME NAME 1/06 SOUTHLAKE CT. 1545 WATERFORD DRIVE STREET ADDRESS STREET ADDRESS VENICE, FL 34292 VENICE FL 34292 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME JOSEPHINE INPOVINO STREET ADDRESS STREET ADDRESS 1137 SOUTHLAKE CT. CITY-ST-7IP CITY-ST-ZIE VENICE, FL 34292 ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attackment with an address, with all other like empowered.

(941) 488-3730

SIGNATURE: JULIAN JULIAN JULIAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/1/06 avdime Phone #

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if