

# 2004 NON-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90040 018 \*\*\*150.00

<b>DOCUMENT # N17000006157</b> 1. Entity Name <b>LAKESIDE WOODS SOUTH ASSOCIATION, INC.</b>					
Principal Place of Business <b>1106 SOUTHLAKE CT</b> <b>VENICE, FL 34292 US</b>			Mailing Address <b>1106 SOUTHLAKE CT</b> <b>VENICE, FL 34292 US</b>		
2. Principal Place of Business <b>1106 SOUTHLAKE CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>1435 E. VENICE AVE</b> Suite, Apt. #, etc. <b>Box 164</b>			
City & State <b>VENICE, FLORIDA</b>		City & State <b>VENICE, FLA</b>		4. FEI Number <b>65-0679906</b>	
Zip <b>34285</b> Country <b>US</b>		Zip <b>34285</b> Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDREWS, JANET L</b> <b>1106 SOUTHLAKE CT</b> <b>VENICE, FL 34292</b>				7. Name and Address of New Registered Agent Name <b>ROBERT DENLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1102 SOUTHLAKE COURT</b> City <b>VENICE</b> <b>FL</b> Zip <b>34285</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Robert Denler</i></u> <b>ROBERT DENLER, PRESIDENT</b> <b>2/7/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINGS, KEITH 1176 SOUTHLAKE COURT VENICE, FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, JOSEPH 1180 SOUTHLAKE COURT VENICE, FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDREWS, LAMONT 1106 SOUTHLAKE CT VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>LEINWEAVER, ROBERT</b> <b>1102 SOUTHLAKE CT</b> <b>VENICE, FL 34285</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMICHAEL, KEITH 1121 SOUTHLAKE CT VENICE, FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILCOX, LINDA 1180 SOUTHLAKE CT VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>DELL, CHERYL</b> <b>1118 SOUTHLAKE COURT</b> <b>VENICE, FL 34285</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGLOPPER, EDWIN 1149 SOUTHLAKE CT VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ORR, DAN</b> <b>1102 SOUTHLAKE CT</b> <b>VENICE, FL 34285</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Robert Leinweaver</i></u> <b>ROBERT LEINWEAVER</b> <b>2/7/04</b> <b>94-412-1696</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					