

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24252

FILED
Jan 19, 2005
Secretary of State

Entity Name: PALM AIRE LAKESIDE WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5860 LAKESIDE WOODS CIRCLE
C/O JOHN DEARDORF, PRES
SARASOTA, FL 342434617

New Principal Place of Business:

5860 LAKESIDE WOODS CIRCLE
C/O JOHN DEARDORFF, PRES
SARASOTA, FL 342434617

Current Mailing Address:

5855 LAKESIDE WOODS CIRCLE
C/O MELVIN PUGH
SARASOTA, FL 342434617

New Mailing Address:

FEI Number: 65-0183549 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PUGH, MELVIN
5855 LAKESIDE WOODS CIRCLE
SARASOTA, FL 342434617 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: VPD () Delete
Name: SOLOMON, LAWRENCE
Address: 5820 LAKESIDE WOODS CIRCLE
City-St-Zip: SARASOTA, FL 34243

Title: PDD () Delete
Name: DEARDORF, JOHN
Address: 5860 LAKESIDE WOODS CIRCLE
City-St-Zip: SARASOTA, FL 342434617

Title: VPD () Delete
Name: BISCHMAN, ROBERT
Address: 5828 LAKESIDE WOODS CIRCLE
City-St-Zip: SARASOTA, FL 34243

Title: TDD () Delete
Name: PUGH, MELVIN
Address: 5855 LAKESIDE WOODS CIRCLE
City-St-Zip: SARASOTA, FL 342434617

Title: SDD () Delete
Name: WHITE, CAROL
Address: 5863 LAKESIDE WOODS CIRCLE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PDD (X) Change () Addition
Name: DEARDORFF, JOHN
Address: 5860 LAKESIDE WOODS CIRCLE
City-St-Zip: SARASOTA, FL 342434617

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 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 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: MELVIN PUGH

TREA

01/19/2005

Electronic Signature of Signing Officer or Director

Date