

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90172 002 \*\*\*\*61.25

<b>DOCUMENT # N24252</b>					
<b>1. Entity Name</b> PALM AIRE LAKESIDE WOODS HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5860 LAKESIDE WOODS CIRCLE C/O JOHN DEARDORFF, PRES SARASOTA, FL 34243-4617			<b>Mailing Address</b> 5855 LAKESIDE WOODS CIRCLE C/O MELVIN PUGH SARASOTA, FL 34243-4617		
<b>2. Principal Place of Business</b> 5852 LAKESIDE WOODS Suite, Apt. #, etc. 90 LARRY MILLARD City & State SARASOTA FL Zip 34243 Country FLORIDA		<b>3. Mailing Address</b> 5883 LAKESIDE WOODS Suite, Apt. #, etc. 90 CAROL WHITE City & State SARASOTA FL Zip 34243 Country FLORIDA		40065749 	
<b>4. FEI Number</b> 65-0183549				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PUGH, MELVIN 5855 LAKESIDE WOODS CIRCLE SARASOTA, FL 34243-4617			<b>7. Name and Address of New Registered Agent</b> Name: CAROL WHITE Street Address (P.O. Box Number is Not Acceptable): 5883 LAKESIDE WOODS CV City: SARASOTA FL Zip Code: 34243		
<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.</b> SIGNATURE: <u>Carol White</u> CAROL H. WHITE DATE: 4/14/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLOMON, LAWRENCE 5820 LAKESIDE WOODS CIRCLE SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LARRY MILLARD 5852 LAKESIDE WOODS CV SARASOTA FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD DEARDORFF, JOHN 5860 LAKESIDE WOODS CIRCLE SARASOTA, FL 34243-4617	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CAROL RUCCIERO 5855 LAKESIDE WOODS SARASOTA FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BISCHMAN, ROBERT 5828 LAKESIDE WOODS CIRCLE SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES ANTHONY DURANT 5840 LAKESIDE WOODS CV SARASOTA FL 34243	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDD PUGH, MELVIN 5855 LAKESIDE WOODS CIRCLE SARASOTA, FL 34243-4617	<input checked="" 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	SDD WHITE, CAROL 5863 LAKESIDE WOODS CIRCLE SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CAROL WHITE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Carol White</u> CAROL H. WHITE			DATE: 4/14/06 DAYTIME PHONE #: 941-923-3351		