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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 1:54

DOCUMENT # **N28593** **(4)**

1. Corporation Name

LAKESIDE OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1654 INTERLACHEN FL 32148	P.O. BOX 1654 INTERLACHEN FL 32148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1988
3a. Date of Last Report: 05/20/1994
4. FEI Number: 59-2916366 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 126 W. Oakside, Dr.	26 126 W. Oakside Dr.
Suite, Apt. #, etc. 22 NA	Suite, Apt. #, etc. 27 NA
City & State 23 Interlachen, Florida	City & State 28 Interlachen, Florida
Zip 24 32148 Country 25 Putnam	Zip 29 32148 Country 30 Putnam

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHIPP, FRANK 109 E. OAKESIDE DRIVE INTERLACHEN FL 32148	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SHEFFIELD, CHRISTELL B.	12 NAME	
STREET ADDRESS	126 W. OAKESIDE DR	13 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	TRULL, SHANNA	22 NAME	
STREET ADDRESS	104 E. OAKESIDE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SHIPP, FRANK	32 NAME	
STREET ADDRESS	109 E. OAKSIDE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christell B. Sheffield April 4, 1995 (904) 684-1674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHRISTELL B. SHEFFIELD PD

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