


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28593** (4)  
1. Corporation Name  
**LAKESIDE OAKS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>109 E OAKSIDE DR INTERLACHEN FL 32148 US</b>		Mailing Address <b>RT. 2 BOX 482-D INTERLACHEN FL 32148 US</b>		3. Date Incorporated or Qualified <b>09/28/1988</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-2916366</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>		Country <b>25</b>		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip <b>29</b>		Country <b>30</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHIPP, FRANK			1.2 NAME			
STREET ADDRESS	109 E OAKSIDE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	INTERLACHEN FL 32148			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEFFIELD, CHRISTELL B			2.2 NAME			
STREET ADDRESS	129 CYPRESS DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	EAST PALATKA FL 32131			2.4 CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHIPP, ELIZABETH A			3.2 NAME	SHIELDS, MARK		
STREET ADDRESS	109 E OAKSIDE DRIVE			3.3 STREET ADDRESS	116 E OAKSIDE DR		
CITY-ST-ZIP	INTERLACHEN FL 32148			3.4 CITY-ST-ZIP	Interlachen, FL		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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:

*[Signature]*

3-29-98 908-688-1465

CR2E037 (1097)