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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90067 021 \*\*\*\*61.25

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**DOCUMENT # N28593**

1. Corporation Name

**LAKESIDE OAKS PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

109 E OAKSIDE DR  
INTERLACHEN FL 32148  
US

Mailing Address

RT. 2 BOX 482-D  
INTERLACHEN FL 32148  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/28/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2916366

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIPP, FRANK  
109 E. OAKSIDE 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 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 ☐ DELETE

NAME SHIPP, FRANK  
STREET ADDRESS 109 E OAKSIDE DRIVE  
CITY-ST-ZIP INTERLACHEN FL 32148

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME SHEFFIELD, CHRISTELL B  
STREET ADDRESS 129 CYPRESS DRIVE  
CITY-ST-ZIP EAST PALATKA FL 32131

2.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME SHIELDS, MARK  
STREET ADDRESS 116 E OAKLAND DR  
CITY-ST-ZIP INTERLACHEN FL 32148

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: **CHRISTELL SHEFFIELD** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (352) 336-3178  
Date Daytime Phone #

CR2E037 (1/98)