

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90002 002 \*\*\*\*61.25

**DOCUMENT # N36045**

1. Entity Name

LAKESIDE PLACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

932 CENTRE CIRCLE  
SUITE 1100  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

932 CENTRE CIRCLE  
SUITE 1100  
ALTAMONTE SPRINGS FL 32714  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALSALAH, HASHEM  
111 WISTERIA DR  
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ALSALAH, HUDA  
STREET ADDRESS 1167 NIKULINA CT  
CITY-ST-ZIP SAN JOSE CA ☐ Delete

TITLE Vice President.  
NAME ☒ Change ☐ Addition

TITLE VD  
NAME ALSALAH, HASHEM  
STREET ADDRESS 111 WISTERIA DRIVE  
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE president.  
NAME ☒ Change ☐ Addition

TITLE MD  
NAME ALSALAH, BASIM  
STREET ADDRESS 111 WISTERIA DR  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HASHEM ALSALAH P.

4/2/05

Date

407-788-2953

Daytime Phone #

40006399



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2994373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required