

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # N36745 (0)  
1. Corporation Name  
LAKESIDE BY THE SEA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 352572 PALM COAST FL 32135 US	P.O. BOX 352572 PALM COAST FL 32135 US



3. Date incorporated or Qualified <b>02/22/1990</b>	3a. Date of Last Report <b>04/05/1995</b>	
4. FEI Number <b>59-3016320</b>	Applied For	
	Not Applicable	

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~STOKES, LEA A~~  
4984 PALM COAST PARKWAY  
SUITE 7  
PALM COAST FL 32137

81	Name	William A. White	
82	Street Address (P.O. Box Number is Not Acceptable)	PALM COAST PROPERTY MGT	
83		296 PALM COAST Pkwy NE	
84	City	PALM COAST	FL 85 Zip Code 32137

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 their approval

(Pair 1:  $\beta_1$  and  $\beta_2$  are respectively, with respect to)

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TUBBS, STEVEN 1 CORPORATE DRIVE PALM COAST FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BEAM, WILLIAM 1 CORPORATE DRIVE PALM COAST FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIGILIO, DYKE 2 SAN LUIS COURT PALM COAST FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:**

*Arnold J. J. J.* Steven  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven A Tubbs

3-19-96

904-445-4277

CR2E037 (12/95)