


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AP [REDACTED]
FOR [REDACTED]
REINSTATEMENT



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

97 OCT 29 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36745

1. Corporation Name

LAKESIDE BY THE SEA HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

P.O. BOX 352572
PALM COAST FL 32135
US

Mailing Address

P.O. BOX 352572
PALM COAST FL 32135
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/22/1990	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3016320	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DP	TUBBS, STEVEN NICK AMARO	1 CORPORATE DRIVE	PALM COAST FL
DS	BEAM, WILLIAM STERLING COLLEE	1 CORPORATE DRIVE	PALM COAST FL
D	DIGLIO, DYKE ROBERT KIFFNEY	2 SAN LUIS COURT 16 SAN PABLO COURT	PALM COAST FL

7000002338037--4
-11/04/97--01083--016
*****61.25 *****61.25
10/27/97

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name: William A. White
Street Address: 296 Palm Coast Pkwy. NE
Suite, Apt. #, Etc.:
City: Palm Coast
State: FL
Zip Code: 32137

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

William A. White

REGISTERED AGENT MUST SIGN

Date

10/27/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for Information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-97 904-446-6339

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N36745

(0)

1. Corporation Name

LAKE SIDE 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 32135-2572
US

3. Date Incorporated or Qualified
02/22/1990

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 PROP. MGT
83 296 PALM COAST AVE 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE DP
NAME TUBBS, STEVEN
STREET ADDRESS 1 CORPORATE DRIVE
CITY-ST-ZIP PALM COAST FL

1.1 TITLE DP
1.2 NAME NICK AMARD
1.3 STREET ADDRESS ONE CORPORATE DR.
1.4 CITY-ST-ZIP PALM COAST, FL 32137

TITLE DS
NAME BEAM, WILLIAM
STREET ADDRESS 1 CORPORATE DRIVE
CITY-ST-ZIP PALM COAST FL

2.1 TITLE DST
2.2 NAME CHARLES J. CALLEA
2.3 STREET ADDRESS ONE CORPORATE DR.
2.4 CITY-ST-ZIP PALM COAST, FL 32137

TITLE D
NAME DIGILIO, DYKE
STREET ADDRESS 2 SAN LUIS COURT
CITY-ST-ZIP PALM COAST FL

3.1 TITLE D
3.2 NAME ROBERT KIRKNEY
3.3 STREET ADDRESS 16 SAN PABLO COURT
3.4 CITY-ST-ZIP PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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]

CR2E037 (9/96)

pg. 3 of 3

LAKE SIDE BY THE SEA
HOMEOWNERS ASSOCIATION, INC.

1281

379 1997	02/12/97	61.25	61.25	0.00	61.25
TRX DESCRIPTION: 59-3016320					

\$61.25

LAKE SIDE BY THE SEA
HOMEOWNERS ASSOCIATION, INC.

P.O. BOX 882672
PALM COAST, FL 32135-2672

BARNETT BANK
PALM COAST, FL 32037
83-107-131

1281

59-3016320

	DATE	AMOUNT
*****61 DOLLARS AND 25 CENTS	02/24/97	1281 *****61.25

SECRETARY OF STATE
ANNUAL REPORTS SECTION
P.O. BOX 1500
TALLAHASSEE FL 32302-1500

NOT NEGOTIABLE

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