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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N36745

1. Corporation Name
LAKESIDE BY THE SEA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX ~~352572~~ 351094 PALM COAST FL 32135 US	P.O. BOX ~~352572~~ 351094 PALM COAST FL 32135 US

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

3. Date Incorporated or Qualified: 02/22/1990

4. FEI Number: 59-3016320 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WHITE, WILLIAM A
296 PALM COAST PKWY., N.E.
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: Preferred Management Services
82 Street Address (P.O. Box Number is Not Acceptable): 500 N. Oceanshore Blvd #7
83
84 City: Flagler Bch FL 85 Zip Code 32136

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] - President DATE 7/14/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☑ DELETE	1.1 TITLE	D Pres/D ☐ Change ☑ Addition
NAME	AMARO, NICK	1.2 NAME	Earl J. Bilbrough
STREET ADDRESS	1 CORPORATE DRIVE	1.3 STREET ADDRESS	32 San Jose Dr
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	Palm Coast, Fl 32135
TITLE	DS ☑ DELETE	2.1 TITLE	D V-Pres/D ☐ Change ☑ Addition
NAME	COLEE, STERLING	2.2 NAME	Jack McDermott
STREET ADDRESS	1 CORPORATE DRIVE	2.3 STREET ADDRESS	24 San Rafael
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	Palm Coast, Fl 32135
TITLE	D ☑ DELETE	3.1 TITLE	D Treas/D ☐ Change ☑ Addition
NAME	KIFFNEY, ROBERT	3.2 NAME	Bill Spence
STREET ADDRESS	16 SAN PABLO COURT	3.3 STREET ADDRESS	25 San Rafael St
CITY-ST-ZIP	~~PALM COAST FL~~	3.4 CITY-ST-ZIP	Palm Coast, Fl 32135
TITLE	☐ DELETE	4.1 TITLE	D Secretary/D ☐ Change ☑ Addition
NAME		4.2 NAME	Don Reed
STREET ADDRESS		4.3 STREET ADDRESS	4 San Luis Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Coast, Fl 32135
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 7/14/99 904-439-0134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)