## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # N36745** 1. Entity Name LAKESIDE BY THE SEA HOMEOWNERS ASSOCIATION, INC. 04-23-2001 90194 009 \*\*\*\*61.25 Principal Place of Business Mailing Address PO BOX 351094 PO BOX 351094 PALM COAST FL 32135 PALM COAST FL 32135 00039743 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3016320 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANNON, FRED JR PALM COAST PROP MGMT 7 FLORIDA PARK DRIVE N STE C PALM COAST FL 32137 City 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. 4-10-100 SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE BILBROUGH, EARL J NAME NAME 32 SAN JOSE DRIVE STREET ADDRESS STREET ADDRESS PALM COAST FL 32137 CITY-ST-ZIP CITY-ST-ZIP **VPD** ☐ Change ☐ Addition TITLE TITLE ☐ Delete MCDERMONT, JACK NAME NAME 24 SAN RAFAEL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32135 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE SPENCE, BILL NAME NAME 25 SAN RAFAEL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32135 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change REED, DON NAME NAME STREET ADDRESS 4 SAN LUIS LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32135 TITLE ☐ Delete ☐ Addition BONFILI, BARBARA NAME NAME STREET ADDRESS 8 SAN PEDRO CT STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

904-447-0616