

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90330 032 ****61.25

DOCUMENT # N36745 1. Entity Name LAKESIDE BY THE SEA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 351094 PALM COAST, FL 32135 US			Mailing Address 461 A1A BEACH BLVD ST AUGUSTINE, FL 32080 US		
2. Principal Place of Business P.O. Box 350808 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 350808 Suite, Apt. #, etc.			
City & State Palm Coast, Florida Zip 32135		City & State Palm Coast, Florida Zip 32135		4. FEI Number 59-3016320	
Country Flagler		Country Flagler		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, PHILIP H JACOBS, JACOBS & ASSOC., INC. 461 A1A BEACH BLVD ST AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name Marc Bellapianta Street Address (P.O. Box Number is Not Acceptable) 21 Old Kings Rd., N., Suite B-209 City Palm Coast, FL 32137		
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 MARC BELLAPIANTA <i>[Signature]</i> 3-31-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP BILBROUGH, EARL J 32 SAN JOSE DRIVE PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, ELIZABETH 12 SAN PEDRO COURT PALM COAST, FLORIDA 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCDERMONT, JACK 24 SAN RAFAEL PALM COAST, FL 32135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, AL 10 SAN PABLO COURT PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAGDONAS, STANLEY 12 SAN RAFAEL COURT PALM COAST, FLORIDA 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCLAREN, GARY 16 SAN PABLO COURT PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GREENWOOD, BETH 20 SAN JOSE DRIVE PALM COAST, FLORIDA 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONFILI, BARBARA 8 SAN PEDRO CT PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>[Signature]</i> Elizabeth C Peterson 4/16/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					