

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37043

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** LAKE SIDE ESTATES PHASE II HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2328 SE RACKEWEG ST  
ARCADIA, FL 34226 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 584  
ARCADIA, FL 34265 US

**New Mailing Address:**

**FEI Number:** 65-0181725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRIEST, ELAINE  
1352 SE LAKE RD  
ARCADIA, FL 324266 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: PRIEST, ELAINE  
Address: 1352 SE LAKE RD  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: VISSER, GERALD  
Address: 1298 SE LAKE RD.  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: PRESCOTT, AL  
Address: 1231 SE LAKE RD.  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: PRIEST, CHARLEY  
Address: 1352 SE LAKE RD  
City-St-Zip: ARCADIA, FL 34266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE PRIEST

ST

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date