

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 18 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N44070** (3)

1. Corporation Name  
**LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION, I NC.**

Principal Place of Business Mailing Address  
**3100 CLAY ST. SUITE 275 ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/24/1991** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-3124264** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21 2601 S. Bayshore Drive** **26 Attn: Legal Department**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State 27. **2601 S. Bayshore Drive**

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

23. **Miami, FL** 28. **Miami, FL**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

24. **33133** 25. **USA** 29. **33133** 30. **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**LANGLEY, MARCIA H ESQ.  
2601 S. BAYSHORE DRIVE  
MIAMI FL 33133-5481**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **300001460183**  
84 City **MIAMI** State **FL** Zip Code **33133**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  
NAME **KRAMER, STUART**  
STREET ADDRESS **3100 CLAY AVE., STE 275**  
CITY - ST - ZIP **ORLANDO FL**

11 TITLE **D**  Change  Addition  
12 NAME **Stuart Kramer**  
13 STREET ADDRESS **2601 S. Bayshore Drive**  
14 CITY - ST - ZIP **Miami, FL 33133**

TITLE **DV**  
NAME **ORLANDO GAL**  
STREET ADDRESS **3100 CLAY AVE., STE 275**  
CITY - ST - ZIP **ORLANDO FL**

21 TITLE **DP**  Change  Addition  
22 NAME **Charles Thompson**  
23 STREET ADDRESS **2601 S. Bayshore Drive**  
24 CITY - ST - ZIP **Miami, FL 33133**

TITLE **DST**  
NAME **JENSEN LIREY, MARTHA**  
STREET ADDRESS **3100 CLAY AVE., STE 275**  
CITY - ST - ZIP **ORLANDO FL**

31 TITLE **VS**  Change  Addition  
32 NAME **Marcia H. Langley**  
33 STREET ADDRESS **2601 S. Bayshore Drive**  
34 CITY - ST - ZIP **Miami, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE **VA**  Change  Addition  
42 NAME **Thomas W. Jeffrey**  
43 STREET ADDRESS **2601 S. Bayshore Drive**  
44 CITY - ST - ZIP **Miami, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE **DVT**  Change  Addition  
52 NAME **Matthew J. Allen**  
53 STREET ADDRESS **2601 S. Bayshore Drive**  
54 CITY - ST - ZIP **Miami, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE **DP**  Change  Addition  
62 NAME **u/18**  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marcia H. Langley 3/23/95 (305) 859-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)