


FILE NOW: FILING FEE IS \$61.25

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**Apr 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44070 (3)
1. Corporation Name
LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION, I NC.



Principal Place of Business 2601 S. BAYSHORE DRIVE MIAMI F: 33133	Mailing Address ATTN: LEGAL DEPARTMENT 2601 S. BAYSHORE DRIVE MIAMI FL 33133
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3. Date Incorporated or Qualified 06/24/1991	
4. FEI Number 59-3124264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 2601 S. Bayshore Drive		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 900 - Legal Dept.		
City & State 23	City & State 28 Miami, Florida		
Zip 24	Country 25	Zip 29 33133	Country 30

9. Name and Address of Current Registered Agent

**GOLDMAN, JOEL K
LEGAL DEPT - 9TH FLOOR
2601 S BAYSHORE DRIVE
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD GOLDMAN, JOEL K 2601 S. BAYSHORE DRIVE MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD KANITZ, KARL 2601 S BAYSHORE DR MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Gillette, J. Thomas
STREET ADDRESS		2.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VTD CARLETON, CALLIS 2601 S BAYSHORE DR MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Cook, Paula
STREET ADDRESS		3.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VA JEFFREY, THOMAS W 2601 S. BAYSHORE DRIVE MIAMI FL 33133	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Jeffrey, Thomas W.
STREET ADDRESS		4.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VAS JEFFREY, THOMAS W 2601 S BAYSHORE DRIVE MIAMI FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Goldin, Amy H.
STREET ADDRESS		5.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Lamlein, Suzie
STREET ADDRESS		6.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, Florida 33133

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: _____ Date: **4/10/98** Daytime Phone #: **305-859-4557**

CR2E037 (10/97)