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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N44070

1. Corporation Name
LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION, INC.

Principal Place of Business
 2601 S. BAYSHORE DRIVE
 MIAMI F: 33133

Mailing Address
 2601 S BAYSHORE DRIVE
 SUITE 900-LEGAL DEPT
 MIAMI FL 33133
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/24/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3124264	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDMAN, JOEL K LEGAL DEPT - 9TH FLOOR 2601 S BAYSHORE DRIVE MIAMI FL 33133				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSD	<input type="checkbox"/> DELETE		1.1 TITLE	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLDMAN, JOEL K			1.2 NAME	Goldman, Joel K.		
STREET ADDRESS	2601 S. BAYSHORE DRIVE			1.3 STREET ADDRESS	2601 S. Bayshore Drive		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami FL 33133		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GILLETTE, J T			2.2 NAME	Liebrecht, Tom		
STREET ADDRESS	2601 S BAYSHORE DR			2.3 STREET ADDRESS	200 S. Orange, Suite 2150		
CITY-ST-ZIP	MIAMI FL 33133			2.4 CITY-ST-ZIP	Orlando FL 32802		
TITLE	VT	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, PAULA			3.2 NAME	GILLETTE, JT		
STREET ADDRESS	2601 S BAYSHORE DR			3.3 STREET ADDRESS	200 S ORANGE, SUITE 2150		
CITY-ST-ZIP	MIAMI FL 33133			3.4 CITY-ST-ZIP	ORLANDO, FL 32802		
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JEFFREY, THOMAS W			4.2 NAME	KAUFMAN, LARRY		
STREET ADDRESS	2601 S. BAYSHORE DRIVE			4.3 STREET ADDRESS	200 SO ORANGE AVE - SUITE 2150		
CITY-ST-ZIP	MIAMI FL 33133			4.4 CITY-ST-ZIP	ORLANDO, FL 32802		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLDIN, AMY H			5.2 NAME			
STREET ADDRESS	2601 S BAYSHORE DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			5.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMLEIN, SUZIE			6.2 NAME			
STREET ADDRESS	2601 S BAYSHORE DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3/18/99 305-859-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 AMY H. GOLDIN, DIRECTOR

CR2E037 (1/98)