2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # N44070** 1. Entity Name LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION. I 04-27-2000 90104 021 ****61.50 Mailing Address Principal Place of Business 2001 S BAYSHORE DRIVE-2801 S: BAYSHORE DRIVE SUITE 900-LEGAL DEPT MICHIEL T. COLOG MIAMI FL 33133-5412-US 3. Mailing Address 2. Principal Place of Business PO Box 1280 1350 Orange Ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 100 Applied For 4. FEI Number City & State City & State 59-3124264 Not Applicable Winter Park <u>Winter Park</u> Country \$8.75 Additional Country Zip Zip: 5. Certificate of Status Desired Fee Required B2790-1*2*08 USA 32789 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Roger V. Phillips Street Address (P.O. Box Number is Not Acceptable) - GOLDMAN, JOEL K- Attwood-Phillips, Inc. -LEGAL DEPT - 9TH FLOOR Ste 100 1350 Orange Ave 2601 S BAYSHORE DRIVE-,Zip Code Winter Park -MIAMI-FL 33133e of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity submits this statement SIGNATURE (NOTE: Registered Agent signature required when reinstating) gistered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change XX Addition Delete TITLE TITLE J. Larry Rutherford NAME NAME GOLDMAN, JOEL K 255 Alhambra Cir #312' STREET ADDRESS STREET ADDRESS 2601 S. BAYSHORE DRIVE CITY-ST-ZIP Coral Gables FL CITY-ST-ZIP <u>Miami Fl</u> ☐ Change XX Addition Delete TITLE TITLE PD Kimball Woodbury NAME GILLETTE, J T STREET ADDRESS 255 Alhambra Cir #312 STREET ADDRESS 200 S. ORANGE AVE- STE 2150 CITY-ST-ZIP CITY-ST-ZIE Coral Gables F1 33134 ORLANDO FL 32802 T/D ☐ Change XXAddition TITLE Delete TITLE ٧ſ Tom Daniel NAME NAME COOK, PAULA STREET ADDRESS 255 Alhambra Cir STREET ADDRESS 2601 S BAYSHORE DR CITY-ST-ZIP Coral Gables FL 33134 CITY-ST-ZIP <u>MIAMI FL 33133</u> Addition ☐ Change Delete TITLE TITLE NAME LIEBRECHT, TOM STREET ADDRESS STREET ADDRESS 200 S. ORANGE AVE- STE 2150 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32802 ☐ Change ☐ Addition 📈 Delete TITLE NAME GOLDIN, AMY H STREET ADDRESS STREET ADDRESS 2601'S BAYSHORE DRIVE CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33133** ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME KAUFMANN, LARRY STREET ADDRESS STREET ADDRESS 200 S. ORANGE AVE- STE 2150 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32802

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #