

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90006 006 ****61.25

DOCUMENT # N44070

1. Entity Name

LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

1633 E. VINE ST.
 #110
 KISSIMMEE FL 34744

1633 E. VINE ST.
 #110
 KISSIMMEE FL 34744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3401 S. Kirkman Rd
 Suite, Apt. #, etc. 300
 Orlando FL

3401 S. Kirkman Rd
 Suite, Apt. #, etc. 300
 Orlando FL

City & State
 Orlando FL

City & State
 Orlando FL

4. FEI Number
 59-3124264

Applied For
 Not Applicable

Zip
 32819 Country
 USA

Zip
 32819 Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARPENTER, SUE
 1633 EAST VINE STREET, #110
 KISSIMMEE FL 34744

Name
 Street Address (P.O. Box Number is Not Acceptable)
 3401 S Kirkman Rd
 Suite 300
 City Orlando FL 32819

8. 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 *Sue Carpenter*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Delete
NAME	RUTHERFORD, LARRY J	
STREET ADDRESS	255 ALTAMBRA CIR 312	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOODBURY, KIMBALL	
STREET ADDRESS	255 ALHAMBRA CIR 312	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DANIEL, TOM	
STREET ADDRESS	255 ALHAMBRA CIR 312	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CORAL GABLES, FL 33134	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CORAL GABLES, FL 33134	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CORAL GABLES, FL 33134	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowers.

SIGNATURE: *Larry J. Rutherford, Pres.* 1/21/02 407/903-9969
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)