
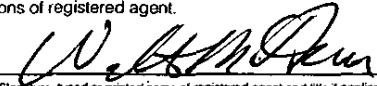
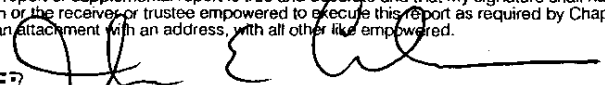


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90053 043 ****61.25

DOCUMENT # N44070					
1. Entity Name LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741		101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741			
2. Principal Place of Business		3. Mailing Address			
101 Park Place Blvd.		101 Park Place Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
Suite 2		Suite 2			
City & State		City & State			
Kissimmee, FL		Kissimmee, FL			
Zip	Country	Zip	Country		
34741	USA	34741	USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARENA, WALTER 101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741			Name ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL, INC. Street Address (P.O. Box Number is Not Acceptable) 101 PARK PLACE BLVD. SUITE 2 City KISSIMMEE FL Zip Code 34741		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 		(NOTE: Registered Agent signature required when reinstating)		DATE: 11/12/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELD, ELAINE		NAME	COLEMAN, JOHN	
STREET ADDRESS	2404 NORTHFOLK CT		STREET ADDRESS	2343 LILY PAD LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENZO, EDDIE		NAME	MARTINEZ, EDUARDO	
STREET ADDRESS	2413 WEYMOUTH CT		STREET ADDRESS	2403 CONDADO COURT	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, BRIAN		NAME	PADILLA, MARIA	
STREET ADDRESS	2420 WINFIELD DR		STREET ADDRESS	2012 LOCUST BERRY DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN, JOHN		NAME	BERGESON, ROBERT	
STREET ADDRESS	2343 LILY PAD LANE		STREET ADDRESS	2222 CYPRESS KNEE LOOP	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTIAGO, ELIZABETH		NAME	BERNARDO, JANICE	
STREET ADDRESS	2311 LILY PAD LANE		STREET ADDRESS	2325 TOPAZ TRAIL	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HARRIER, DOUGLAS	
STREET ADDRESS			STREET ADDRESS	2323 TOPAZ TRAIL	
CITY-ST-ZIP			CITY-ST-ZIP	KISSIMMEE, FL 34743	
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 empowered.					
SIGNATURE: 		Date: 01-12-2004		Daytime Phone #: 407-344-7799	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachments

N44070
44002901

LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION, INC.

D change addition
WILLIAMS, ROSETTA
2320 FLAMINGO LAKES DRIVE
KISSIMMEE, FL 34743

D change addition
DIPRE, JOSE LUIS
2253 MALLARD CREEK CIRCLE
KISSIMMEE, FL 34743

D change addition
DIAZ, LUZ
2157 JESSA DRIVE
KISSIMMEE, FL 34743

D change addition
FELD, ELAINE
2404 NORTHFOLK COURT
KISSIMMEE, FL 34743

D change addition
RODRIGUEZ, MARIBEL
2411 PARSON POND CIRCLE
KISSIMMEE, FL 34743

D change addition
PORTE, AUDREY
2123 REMINGTON PT. BLVD.
KISSIMMEE, FL 34743

D change addition
PONCE, MATEO
2252 STONEHEDGE LOOP
KISSIMMEE, FL 34743

D change addition
NUNEZ, EVELYN
2421 TIMOTHY LANE
KISSIMMEE, FL 34743