


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90311 039 ****61.25

YU0J1U06



DOCUMENT # N44070					
1. Entity Name LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 101 PARK PLACE BLVD. SUITE 2 KISSIMMEE, FL 34741			Mailing Address 101 PARK PLACE BLVD. SUITE 2 KISSIMMEE, FL 34741		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3124264	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL 101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 <u>Heslie Hudson</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JOHN		NAME	Coleman, John	
STREET ADDRESS	2343 LILY PAD LANE		STREET ADDRESS	c/o AMG 101 Park Place Blvd	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	Ste 2 Kissimmee, FL 34741	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, EDUARDO		NAME	Nunez, Evelyn	
STREET ADDRESS	2403 CONDADO COURT		STREET ADDRESS	c/o AMG 101 Park Place Blvd	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	Ste 2 Kissimmee, FL 34741	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADILLA, MARIA		NAME	Padilla, Maria	
STREET ADDRESS	2012 LOCUST BERRY DRIVE		STREET ADDRESS	c/o AMG 101 Park Place Blvd	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	Ste 2 Kissimmee, FL 34741	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGESON, ROBERT		NAME	Bernardo, Janice	
STREET ADDRESS	2222 CYPRESS KNEE LOOP		STREET ADDRESS	c/o AMG 101 Park Place Blvd	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	Ste 2 Kissimmee, FL 34741	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDO, JANICE		NAME	Bernardo, Joe	
STREET ADDRESS	2325 TOPAZ TRAIL		STREET ADDRESS	c/o AMG 101 Park Place Blvd	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	Ste 2 Kissimmee, FL 34741	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIER, DOUGLAS		NAME	Williams, Rosetta	
STREET ADDRESS	2323 TOPAZ TRAIL		STREET ADDRESS	c/o AMG 101 Park Place Blvd	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	Ste 2 Kissimmee, FL 34741	
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40031062

N44.070

Continue

Lakeside Estates Master Community Association, Inc.
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Title D
Name Dipre, José Luis
Street Address c/o AMG 101 Park Place Blvd Ste 2
City-St-Zip Kissimmee, FL 34741

Title D
Name Martinez, Eduardo
Street Address c/o AMG 101 Park Place Blvd Ste 2
City-St-Zip Kissimmee, FL 34741

Title D
Name Feld, Elaine
Street Address c/o AMG 101 Park Place Blvd Ste 2
City-St-Zip Kissimmee, FL 34741

Title D
Name Porte, Audrey
Street Address c/o AMG 101 Park Place Blvd Ste 2
City-St-Zip Kissimmee, FL 34741

Title D
Name Ponce, Mateo
Street Address c/o AMG 101 Park Place Blvd Ste 2
City-St-Zip Kissimmee, FL 34741
