


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90011 020 ****61.25

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	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JOHN		NAME	Feld, Elaine	
STREET ADDRESS	C/O AMG 101 PARK BLVD, STE 2		STREET ADDRESS	2404 Northfolk Court	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, EVELYN		NAME	Otero, Arturo	
STREET ADDRESS	C/O AMG 101 PARK BLVD, STE 2		STREET ADDRESS	2439 Timothy Lane	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADILLA, MARIA		NAME	Shaver, David	
STREET ADDRESS	C/O AMG 101 PARK BLVD, STE 2		STREET ADDRESS	2411 Lancashire Lane	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDO, JANICE		NAME	Bernardo, Janice	
STREET ADDRESS	C/O AMG 101 PARK BLVD, STE 2		STREET ADDRESS	2325 Topaz Trail	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDO, JOE		NAME	Bernardo, Joe	
STREET ADDRESS	C/O AMG 101 PARK BLVD, STE 2		STREET ADDRESS	2325 Topaz Trail	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROSETTA		NAME	William, Rosetta	
STREET ADDRESS	C/O AMG 101 PARK BLVD, STE 2		STREET ADDRESS	2320 Flamingo Lakes Drive	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	Kissimmee, FL 34743	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Elaine Feld</u>		Date: <u>02/21/06</u>		Daytime Phone #: <u>407 344 2479</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<u>Elaine Feld</u>					

40024410



01302006 Chg-NP CR2E037 (11/05)

ATTACHMENT

40024473

#N44070

Other directors at Lakeside:

D

Dipre, Jose Luis
2253 Mallard Creek Cir.
Kissimmee, FL 34743

D

Porte, Audrey
2123 Remington Pt. Blvd
Kissimmee, FL 34743

D

Padilla, Maria
2012 Locust Berry Drive
Kissimmee, FL 34743

D

Hobbs, David
2417 Timothy Lane
Kissimmee, FL 34743

D

Acosta, Jaime
2506 Shelby Cir.
Kissimmee, FL 34743

D

Ortiz, Robert
1829 Wimbledon Street
Kissimmee, FL 34743

D

Matos, Brunilda
2409 Winfield Drive
Kissimmee, FL 34743

D

Swain, Robert
2110 Cole Trail
Kissimmee, FL 34743

D

Fontanez, Luis Raul
2297 Santa Lucia Street
Kissimmee, FL 34743