


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90039 027 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3124264		Applied For <input type="checkbox"/> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P TIBBS, FELICITY 1955 TIPTREE CIRCLE ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELD, ELAINE 2404 NORTHFOLK CT KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Delete	P Feld, Elaine 2404 Northfolk Ct. Kissimmee, FL, 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAVER, DAVID 2411 LANDCASHIRE LANE KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	VP Swain, Robert 2110 Cole Trail Kissimmee, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNARDO, JANICE C/O AMG 101 PARK BLVD, STE 2 KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete	S Marrero, Annie 2425 Marcasite Loop Kissimmee, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARDO, JOE C/O AMG 101 PARK BLVD, STE 2 KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete	D Tibbs, Felicity 1955 Tiptree Circle Orlando, fl 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROSETTA C/O AMG 101 PARK BLVD, STE 2 KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>2/13/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	