


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-14-2008 90021 019 ***61.25
N44070

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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country		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 ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL 101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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.		FL Zip Code
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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	P Feld, Elaine 2404 Northfolk Ct. Kissimmee, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELD, ELAINE 2404 NORTHFOLD CT KISSIMMEE, FL 34743	VP Swain, Robert 2110 Cole Trail Kissimmee, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAVER, DAVID 2411 LANDCASHIRE LANE KISSIMMEE, FL 34743	S Marrero, Annie 2425 Marcasite Loop Kissimmee, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNARDO, JANICE C/O AMG 101 PARK BLVD, STE 2 KISSIMMEE, FL 34741	D Padilla, Maria 2012 Locust Berry Dr. Kissimmee, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARDO, JOE C/O AMG 101 PARK BLVD, STE 2 KISSIMMEE, FL 34741	D Otero, Anturo 2439 Timothy Lane Kissimmee, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROSETTA C/O AMG 101 PARK BLVD, STE 2 KISSIMMEE, FL 34741	D Ortiz, Robert 1829 Wimbledon St. 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 Elaine Feld</u>		Date: <u>4/10/08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>407 344 2479</u>

FILED

08 APR 24 PM 1:39


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02072008 Chg-NP CR2E037 (12/06)

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ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
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02072008		Chg-NP CR2E037 (12/06)	
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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	
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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	D Matos, Brunilda 2409 Winfield St. Kissimmee, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELD, ELAINE 2404 NORTHFOLD CT KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tibbs, Felicity 1955 Tiptree Circle Orlando, FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAVER, DAVID 2411 LANDCASHIRE LANE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gunning, G.J 2430 Timothy Lane Kissimmee, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barus, Lisa 2430 Timothy Lane Kissimmee, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: <u>Elaine Feld</u> Elaine Feld		Date: <u>4/10/08</u> 407 344 2471	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	