


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # N44070</b><br>1. Entity Name<br><b>LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>101 PARK PLACE BLVD.<br/>SUITE 2<br/>KISSIMMEE, FL 34741</b>   |  | Mailing Address<br><b>101 PARK PLACE BLVD.<br/>SUITE 2<br/>KISSIMMEE, FL 34741</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country   |   |
| 4. FEI Number<br><b>59-3124264</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL<br/>101 PARK PLACE BLVD<br/>SUITE 2<br/>KISSIMMEE, FL 34741</b>   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when re-registering) DATE</small>  |  |  |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                          |   |
| Make check payable to Florida Department of State  |  |  |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE  | P<br><b>TIBBS, FELICITY</b> <input checked="" type="checkbox"/> Delete | TITLE  | P<br><b>Feld, Elaine</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS   | <b>1955 TIPTREE CIRCLE</b>   | STREET ADDRESS   | <b>2404 Northfolk Ct.</b>   |
| CITY-ST-ZIP  | <b>ORLANDO, FL 32837</b>   | CITY-ST-ZIP  | <b>Kissimmee, FL 34743</b>  |
| STREET ADDRESS   | <b>2404 NORTHFOLD CT</b>   | STREET ADDRESS   | <b>2110 Cole Trail</b>  |
| CITY-ST-ZIP  | <b>KISSIMMEE, FL 34743</b>   | CITY-ST-ZIP  | <b>Kissimmee, FL 34743</b>  |
| STREET ADDRESS   | <b>2411 LANDCASHIRE LANE</b>   | STREET ADDRESS   | <b>2425 Marcasite Loop</b>  |
| CITY-ST-ZIP  | <b>KISSIMMEE, FL 34743</b>   | CITY-ST-ZIP  | <b>Kissimmee, FL 34743</b>  |
| STREET ADDRESS   | <b>C/O AMG 101 PARK BLVD, STE 2</b>                                    | STREET ADDRESS   | <b>2012 Locust Berry Dr.</b>  |
| CITY-ST-ZIP  | <b>KISSIMMEE, FL 34741</b>   | CITY-ST-ZIP  | <b>Kissimmee, FL 34743</b>  |
| STREET ADDRESS   | <b>C/O AMG 101 PARK BLVD, STE 2</b>                                    | STREET ADDRESS   | <b>2439 Timothy Lane</b>  |
| CITY-ST-ZIP  | <b>KISSIMMEE, FL 34741</b>   | CITY-ST-ZIP  | <b>Kissimmee, FL 34743</b>  |
| STREET ADDRESS   | <b>C/O AMG 101 PARK BLVD, STE 2</b>                                    | STREET ADDRESS   | <b>1829 Wimbledon St.</b>   |
| CITY-ST-ZIP  | <b>KISSIMMEE, FL 34741</b>   | CITY-ST-ZIP  | <b>Kissimmee, FL 34743</b>  |
| 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> Daytime Phone #: <u>407 344 2479</u>  |   |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02072008    Chg-NP    CR2E037 (12/06)

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**ATTACHMENT**

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|--|--|---|---|
| DOCUMENT # N44070  |  |                                |   |
| 1. Entity Name<br>LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION, INC.  |  |   |   |
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| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State   |  | City & State  |   |
| Zip  | Country  | Zip   | Country   |
| 4. FEI Number<br>59-3124264  |  | Applied For<br><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<br>101 PARK PLACE BLVD<br>SUITE 2<br>KISSIMMEE, FL 34741  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |  |   |   |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
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| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>TIBBS, FELICITY<br>1955 TIPTREE CIRCLE<br>ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Matos, Brunilda<br>2409 Winfield St.<br>Kissimmee, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>FELD, ELAINE<br>2404 NORTHFOLD CT<br>KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Tibbs, Felicity<br>1955 Tiptree Circle<br>Orlando, FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>SHAVER, DAVID<br>2411 LANDCASHIRE LANE<br>KISSIMMEE, FL 34743 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Gunning, G.J<br>2430 Timothy Lane<br>Kissimmee, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>BERNARDO, JANICE<br>C/O AMG 101 PARK BLVD, STE 2<br>KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Barus, Lisa<br>2430 Timothy Lane<br>Kissimmee, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BERNARDO, JOE<br>C/O AMG 101 PARK BLVD, STE 2<br>KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WILLIAMS, ROSETTA<br>C/O AMG 101 PARK BLVD, STE 2<br>KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <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> 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>   |   |

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