

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 03, 2009  
Secretary of State**

DOCUMENT# N44070

Entity Name: LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

101 PARK PLACE BLVD.  
SUITE 2  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

101 PARK PLACE BLVD.  
SUITE 2  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 59-3124264      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL  
101 PARK PLACE BLVD  
SUITE 2  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FELD, ELAINE  
Address: 2404 NORTHFOLK CT  
City-St-Zip: KISSIMMEE, FL 34743

Title: V ( ) Delete  
Name: SWAIN, ROBERT  
Address: 2110 COLE TRL  
City-St-Zip: KISSIMMEE, FL 34743

Title: S ( ) Delete  
Name: MARRERO, ANNIE  
Address: 2425 MARCASITE LOOP  
City-St-Zip: KISSIMMEE, FL 34743

Title: T ( ) Delete  
Name: SHAVER, DAVID  
Address: 2411 LANDCASHIRE LANE  
City-St-Zip: KISSIMMEE, FL 34743

Title: S ( ) Delete  
Name: MARRERO, ANNIE  
Address: 2425 MARCASITE LOOP  
City-St-Zip: KISSIMMEE, FL 34743

Title: D ( ) Delete  
Name: PADILLA, MARIA  
Address: 2012 LOCUST BERRY DR  
City-St-Zip: KISSIMMEE, FL 34743

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MARRERO, ANNIE  
Address: 2425 MARCASITE LOOP  
City-St-Zip: KISSIMMEE, FL 34743

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: TIBBS, FELICITY  
Address: 1955 TIP TREE  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE FELD

P

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date