

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44070

FILED
Feb 16, 2011
Secretary of State

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
Name: SWAIN, ROBERT
Address: 2110 COLE TRAIL
City-St-Zip: KISSIMMEE, FL 34743

Title: V
Name: FELD, ELAINE
Address: 2404 NORTHFOLK CT
City-St-Zip: KISSIMMEE, FL 34743

Title: S
Name: TIBBS, FELICITY
Address: 1955 TIPTREE CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: T
Name: KERR, DERMOTT
Address: 2407 BLACK POWDER
City-St-Zip: KISSIMMEE, FL 34743

Title: D
Name: SHAVER, DAVID
Address: 2408 COUNTRY POND CIRCLE
City-St-Zip: ST CLOUD, FL 34771

Title: D
Name: MARRERO, ANNIE
Address: 2425 MARCASITE LOOP
City-St-Zip: KISSIMMEE, FL 34743

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SWAIN

PRES

02/16/2011

Electronic Signature of Signing Officer or Director

Date