


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90219 047 ****61.25

DOCUMENT # N44070			
1. Entity Name LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION, I NC.			
Principal Place of Business 5401 S KIRKMAN RD SUITE 300 ORLANDO FL 32819		Mailing Address 5401 S KIRKMAN RD SUITE 300 ORLANDO FL 32819	
2. Principal Place of Business 101 Park Place Blvd		3. Mailing Address 101 Park Place Blvd	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34741	Country Osceola	Zip 34741	Country Osceola
6. Name and Address of Current Registered Agent CARPENTER, SUE 5401 S KIRKMAN RD SUITE 300 ORLANDO FL 32819		7. Name and Address of New Registered Agent Name Walter Arena Street Address (P.O. Box Number is Not Acceptable) 101 Park Place Blvd Suite 2 City Kissimmee FL Zip Code 34741	
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 <i>Walter Arena - Walter Arena, Reg. Agent</i> 1-8-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			



CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RUTHERFORD, LARRY J 255 ALTAMBRA CIR 312 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Feld, Elaine 2404 Northfolk Ct. Kissimmee, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODBURY, KIMBALL 255 ALHAMBRA CIR 312 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Lorenzo, Eddie 2413 Weymouth Ct Kissimmee, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANIEL, TOM 255 ALHAMBRA CIR 312 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Miller, Brian 2420 Winfield Dr Kissimmee, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Coleman, John 2343 Lily Pad Lane Kissimmee, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Elizabeth Santiago 2311 Lily Pad Lane Kissimmee, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED** 01/08/03 407-344-7799

6/26/01

CR2E037 (10/02)

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

*Attachment 10005453
N4407d*



DOCUMENT #
1. Entity Name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 Park Place Blvd
Suite, Apt. #, etc.
Suite 2
City & State
Kissimmee, FL
Zip
34741
Country
Osceola

3. Mailing Address
101 Park Place Blvd
Suite, Apt. #, etc.
Suite 2
City & State
Kissimmee, FL
Zip
34741
Country
Osceola

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name *Walter P. Arena*
~~Association of Management Group of Central FL~~
Street Address (P.O. Box Number is Not Acceptable)
101 Park Place Blvd
Suite 2
City
Kissimmee
FL
Zip Code
34741

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<i>P/D</i>
NAME	<i>Feld, Elaine</i>
STREET ADDRESS	<i>2404 Northfolk Ct</i>
CITY-ST-ZIP	<i>Kissimmee, FL 34743</i>
TITLE	<i>V/D</i>
NAME	<i>Lorenzo, Eddie</i>
STREET ADDRESS	<i>2413 Weymouth Ct</i>
CITY-ST-ZIP	<i>Kissimmee, FL 34743</i>
TITLE	<i>V/D</i>
NAME	<i>Miller, Brian</i>
STREET ADDRESS	<i>2420-Winfield-Dr</i>
CITY-ST-ZIP	<i>Kissimmee, FL 34743</i>
TITLE	<i>V/D</i>
NAME	<i>Coleman, John</i>
STREET ADDRESS	<i>2343 Nly Pad Lane</i>
CITY-ST-ZIP	<i>Kissimmee, FL 34743</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)