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

DOCUMENT # N44070

1. Entity Name

LAKESIDE ESTATES MASTER COMMUNITY ASSOCIATION, I NC.



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

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

WE TO

5401 S KIRKMAN RD SUITE 300 ORLANDO FL 32819		5401 S KIRKMAN RD SUITE 300 ORLANDO FL 32819							
101 Park Plac Suite, Apt. #, etc. Suite 2	e Blvd	101 Park Place Blvd Suite, Apt. #, etc.							
City & State		Suite 2 City & State		4 55111 / 50 0 10 10 10		=			
Kissimmee, FI		Kissimmee,	FL	4. FEI Number 59-3124264	<u> </u>	plied For Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Addi	tional			
	OSCEOla	34741	Osceola	7. Name and Address of New F	Fee Required	<u>'</u>			
		3.5	Name Wal	ter Arena	negistered Agent				
Carpenter, sue 5401 s Kirkman RD			Street Addres	s (P.O. Box Number is Not Acceptable ark Place Blvd	e)				
SUTE 300	N.		Suite						
ORLANDO FL 32819	**.		City Kissim	***	FL Zip Code				
8. The above named entity s	ubmits this statement for th	ne purpose of changing its			1 34 / 4	I ind accept			
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 redistating) DATE									
۶ FILE NOW: ۱	FEE IS \$61.25	9. Election Can Trust Fund C	npaign Financing ontribution.		ike Check Payable t da Department of S				
<u> </u>						iale			
10.	OFFICERS AND DIREC		11.	ADDITIONS/CHANGES TO OFFICE	<u> </u>				
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10., TITLE P/D	RD, LARRY J		TITLE $P/$	ADDITIONS/CHANGES TO OFFICE D ld, Elaine	RS AND DIRECTORS IN Change	10			
TITLE P/D NAME RUTHERFOR STREET ADDRESS CITY-ST-ZIP CORAL GAB	RD, LARRY J		TITLE P/ NAME STREET ADDRESS P	ADDITIONS/CHANGES TO OFFICE D ld, Elaine 104 Northfolk Ct.	RS AND DIRECTORS IN	10			
TITLE P/D NAME RUTHERFOF STREET ADDRESS CITY-ST-ZIP CORAL GAB TITLE VD	RD, LARRY J BRA CIR 312 LES FL 33134		TITLE P/ NAME STREET ADDRESS P	ADDITIONS/CHANGES TO OFFICE Deld, Elaine 104 Northfolk Ct. Lssimmee, FL 347	RS AND DIRECTORS IN	10			
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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.

GNATURE:

ON /08/03 407 -344 - 779 9

SIGNATURE:

407-344-7799

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attackment 100054

Daytime Frione ⊀

DOCUMENT # 1. Entity Name		N440		
DO NOT WRITE	politica postalendo per la fina estableca. La politica de la compania de la c	NCE	PER OF A A A A A A A A A A A A A A A A A A	
2. Principal Place of Business 101 Park Place Blvd Suite, Apt. #, etc. Suite 2 City & Stale	3. Mailing Address 101 Park F Suite Apt. #, etc. Suite 2	Place Blud	DO NOT WRITE IN	THIS SPACE
Kissimmee, Fl Zio 34741 Osceola	City & State Hissimmed Zip 34741	Dountry Disceola	FEI Number Certificate of Status Desired New Control	Fee Required
DO NOT W IN THIS SP 8. The above named entity submits this statement for the obligations of registered agent.	ACE	Name Works (1) Street Acidens (1) For Suite	7. Name and Address of Correct Regit Control of Correct Regit Control of Correct Regit Correct Regit Correct Regit Correct Cor	FI Zp.Code
SIGNATURE Signature, typed or of red name of registered agent at	9. Election Campaig Trust Fund Contri		\$5.00 May Be Make C	heck Payable to
NAME STREET ADDRESS CITY ST-ZIF W D Lorenzo, Edd a413 Weymo	it 4743 ie oth Ct	MILE :		CRZE037B (12/02)
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 Thereby certify that the information supplied with the indicated on this report or supplemental report is truef the corporation or the receiver or trustee empowed attachment with an address, with all other tike emposition. 	s filing does not qualify for the ex re and accurate and that my sign	rest up and the service and the service ature shall have the san quired by Chapter 617,	on 119.07(3)(), Florida Statutes. I further me legal effect as if made under oam; the Florida Statutes; and that my name app	certify that the Information t I am an officer or director lears in Block 10 or on art