

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N48194 (7)
1. Corporation Name
LAKESIDE OAKS HOME OWNERS ASSOCIATION, INC.



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| Principal Place of Business 36450 SHADY OAKS DRIVE DADE CITY FL 33525 US | Mailing Address 36450 SHADY OAKS DRIVE DADE CITY FL 33525-8544 US |
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|---|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <i>36450 Shady Oaks DR</i> City & State 23 <i>DADE City, FLA</i> Zip 24 <i>33525-8544</i> 25 <i>FLA</i> | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 <i>36450 Shady Oaks DR</i> City & State 28 <i>DADE City, FLA</i> Zip 29 <i>33525-8544</i> 30 <i>FLA</i> | | 3. Date Incorporated or Qualified 04/02/1992 | 3a. Date of Last Report 02/07/1996 |
| | | 4. FEI Number NOT APPLICABLE | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent HORN, CLARENCE 36450 SHADY OAKS DRIVE DADE CITY FL 33525-8544 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HORN, CLARENCE | 1.2 NAME | |
| STREET ADDRESS | 36450 SHADY OAKS DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELLMAN, IRVING R | 2.2 NAME | |
| STREET ADDRESS | 36305 SHADY OAKS DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOPER, JERRY | 3.2 NAME | |
| STREET ADDRESS | 3632 LAUREL LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, VERA | 4.2 NAME | |
| STREET ADDRESS | 36451 OLEANDER LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REED, CHRISTINE | 5.2 NAME | |
| STREET ADDRESS | 36422 LAUREL LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *CLARENCE E HORN* *6-30-97* *36450 SHADY OAKS DR*

CR2E037 (9/96)