FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003283 (9)

1. Corporation Name
LAKESIDE WOODS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 CAPRI ISLES BLVD VENICE FL 34292	200 CAPRI ISLES BLVD VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1993
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-3196187 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2 Principal Place of Business	22 Apt. #, etc.	23 City & State	24 Zip	25 Country

26 Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country

9. Name and Address of Current Registered Agent

PETERSON, DAVID E
200 CAPRI ISLES BLVD
VENICE FL 34292

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PETERSON, DAVID E	12 NAME	
STREET ADDRESS	401 SORRENTO RANCHES DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275 okay Sam	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	PETERSON, DAVID C	22 NAME	DAVID C. PETERSON
STREET ADDRESS	1502 STRDA DE ORO	23 STREET ADDRESS	1545 WATERFORD DRIVE
CITY-ST-ZIP	VENICE FL 34292	24 CITY-ST-ZIP	VENICE, FL 34292
TITLE	STD	31 TITLE	STD ☒ Change ☐ Addition
NAME	PETERSON, STEPHANIE	32 NAME	STEPHANIE PETERSON
STREET ADDRESS	1502 STRADA DE ORO	33 STREET ADDRESS	1545 WATERFORD DRIVE
CITY-ST-ZIP	VENICE FL 34292	34 CITY-ST-ZIP	VENICE, FL 34292
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Stephanie A Peterson STEPHANIE PETERSON 4-21-95 (813) 485-0313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #