FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 07/22/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 1200 Lakeside Woods Dr.
22: Suite, Apt. #, etc.
23: City & State: Venice, FL
24: Zip: 34292
25: Country: US

2a. Mailing Address
26: 1200 Lakeside Woods Dr.
27: Suite, Apt. #, etc.
28: City & State: Venice, FL
29: Zip: 34292
30: Country: US

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

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: John Higgins
82 Street Address (P.O. Box Number is Not Acceptable): 1215 Lakeside Woods Dr.
83:
84 City: Venice FL 85 Zip Code: 34292

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: [signature] John J. Higgins, President DATE: 2/9/96
Signature, typed or printed name of registered agent (and title if acting as officer) (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS		
TITLE	P	☑ DELETE
NAME	PETERSON, DAVID E	
STREET ADDRESS	401 SORRENTO RANCHES DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	V	☑ DELETE
NAME	PETERSON, DAVID C	
STREET ADDRESS	1545 WATERFORD DRIVE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	STD	☑ DELETE
NAME	PETERSON, STEPHANIE	
STREET ADDRESS	1545 WATERFORD DRIVE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	☐ Change ☑ Addition
1.2 NAME	John Higgins	
1.3 STREET ADDRESS	1215 Lakeside Woods Dr.	
1.4 CITY-ST-ZIP	Venice, FL 34292	
2.1 TITLE	V/D	☐ Change ☑ Addition
2.2 NAME	Ann Boman	
2.3 STREET ADDRESS	1273 Lakeside Woods Dr.	
2.4 CITY-ST-ZIP	Venice, FL 34292	
3.1 TITLE	S/D	☐ Change ☑ Addition
3.2 NAME	Joseph Rand	
3.3 STREET ADDRESS	1284 Lakeside Woods Dr.	
3.4 CITY-ST-ZIP	Venice, FL 34292	
4.1 TITLE	T/D	☐ Change ☑ Addition
4.2 NAME	Debora B. Rand	
4.3 STREET ADDRESS	1284 Lakeside Woods Dr.	
4.4 CITY-ST-ZIP	Venice, FL 34292	
5.1 TITLE	D	☐ Change ☑ Addition
5.2 NAME	William Guyton	
5.3 STREET ADDRESS	1272 Lakeside Woods Dr.	
5.4 CITY-ST-ZIP	Venice, FL 34292	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	900001761429	
6.3 STREET ADDRESS	-03/28/96--01081--007	
6.4 CITY-ST-ZIP	***61.25	

CR2E037 (12/95)

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)(k), 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: Debora B Rand Debora B Rand 1/22/96 941-484-0508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #