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Feb 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

1200 LAKESIDE WOODS DR.
VENICE FL 34292
US

Mailing Address

1200 LAKESIDE WOODS DR.
VENICE FL 34292-1464
US



3. Date Incorporated or Qualified 07/22/1993
3a. Date of Last Report 03/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

10. Name and Address of New Registered Agent

HIGGINS, JOHN
1275 LAKESIDE WOODS DR.
VENICE FL 34292

81 Name

Joseph Rand

82 Street Address (P.O. Box Number is Not Acceptable)

1284 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, typed or printed name of registered agent and title if applicable.

Joseph Rand, President

2/16/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HIGGINS, JOHN
STREET ADDRESS 1275 LAKESIDE WOODS DR.
CITY-ST-ZIP VENICE FL 34292

DELETE

1.1 TITLE DV
1.2 NAME Vera Nash
1.3 STREET ADDRESS 1271 Lakeside Woods Drive
1.4 CITY-ST-ZIP Venice, FL 34292

Change Addition

TITLE VD
NAME BOMAN, ANN
STREET ADDRESS 1273 LAKESIDE WOODS DR.
CITY-ST-ZIP VENICE FL 34292

DELETE

2.1 TITLE DS
2.2 NAME William Huston
2.3 STREET ADDRESS 1276 Lakeside Woods Dr.
2.4 CITY-ST-ZIP Venice, FL 34292

Change Addition

TITLE SD
NAME RAND, JOSEPH
STREET ADDRESS 1284 LAKESIDE WOODS DR.
CITY-ST-ZIP VENICE FL 34292

DELETE

3.1 TITLE DP
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE TD
NAME RAND, JOSEPH
STREET ADDRESS 1284 LAKESIDE WOODS DR.
CITY-ST-ZIP VENICE FL 34292

DELETE

4.1 TITLE DT
4.2 NAME Debora Rand
4.3 STREET ADDRESS 1284 Lakeside Woods Dr.
4.4 CITY-ST-ZIP Venice FL 34292

Change Addition

TITLE D
NAME GUYTON, WILLIAM
STREET ADDRESS 1272 LAKESIDE WOODS DR.
CITY-ST-ZIP VENICE FL 34292

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Deborah B Rand Treasurer

Deborah B Rand 2/16/97 (941)4840508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064596

CR2E037 (9/96)