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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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 |
|---|---|
| 1200 LAKESIDE WOODS DR.<br>VENICE FL 34292<br>US | 1200 LAKESIDE WOODS DR.<br>VENICE FL 34292<br>US |

3. Date Incorporated or Qualified: 07/22/1993

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

RAND, JOHN
1284 LAKESIDE WOODS DR
VENICE FL 34292

**10. Name and Address of New Registered Agent**

81 Name: VERA NASH
82 Street Address (P.O. Box Number is Not Acceptable): 1271 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: VERA NASH PRES. (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 3/9/98

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DV | ☐ DELETE | 1.1 TITLE | DP | ☒ Change ☐ Addition |
| NAME | NASH, VERA | | 1.2 NAME | | |
| STREET ADDRESS | 1271 LAKESIDE WOODS DR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | DS | ☐ DELETE | 2.1 TITLE | DT | ☐ Change ☒ Addition |
| NAME | HUSTON, WILLIAM | | 2.2 NAME | KUNO ANDERSON | |
| STREET ADDRESS | 1276 LAKESIDE WOODSDR | | 2.3 STREET ADDRESS | 1274 LAKESIDE WOODS DR | |
| CITY-ST-ZIP | VENICE FL | | 2.4 CITY-ST-ZIP | VENICE FL 34292 | |
| TITLE | DP | ☒ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | RAND, JOSEPH | | 3.2 NAME | EDWARD BONAFINO | |
| STREET ADDRESS | 1284 LAKESIDE WOODS DR. | | 3.3 STREET ADDRESS | 1264 LAKESIDE WOODS DR | |
| CITY-ST-ZIP | VENICE FL | | 3.4 CITY-ST-ZIP | VENICE FL 34292 | |
| TITLE | DT | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RAND, DEBORA | | 4.2 NAME | | |
| STREET ADDRESS | 1284 LAKESIDE WOODS DR. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GUYTON, WILLIAM | | 5.2 NAME | | |
| STREET ADDRESS | 1272 LAKESIDE WOODS DR. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE FL 34292 | | 5.4 CITY-ST-ZIP | | |
| TITLE | DV | | 6.1 TITLE | | ☐ Change ☒ Addition |
| NAME | GRACE GROTE | | 6.2 NAME | ← | |
| STREET ADDRESS | 1267 LAKESIDE WOODS DR | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE FL 34292 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

14. I 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:** Kuno Anderson VP Treas. 3-9-98 (941) 484-9474