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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003283**

1. Corporation Name

LAKESIDE WOODS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 LAKESIDE WOODS DR. VENICE FL 34292 US	1200 LAKESIDE WOODS DR. VENICE FL 34292 US

2. Principal Place of Business — 1
Suite, Apt. #, etc. — 2
City & State — 3
Zip — 4 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

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

4. FEI Number: 59-3196187 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

NASH, VERA
1271 LAKESIDE WOODS DR
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name: EDWARD FOLEY
82 Street Address (P.O. Box Number is Not Acceptable): 1260 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: Edward Foley Dir. Pres. Edward Foley — 7/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP EDWARD FOLEY	☐ Change ☒ Addition
NAME	NASH, VERA		1.2 NAME	1260 LAKESIDE WOODS DR.	
STREET ADDRESS	1271 LAKESIDE WOODS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP	VENICE FL 34292	
TITLE	DS	☒ DELETE	2.1 TITLE	DS NANCY POLK	☐ Change ☒ Addition
NAME	HUSTON, WILLIAM		2.2 NAME	1285 LAKESIDE WOODS DR.	
STREET ADDRESS	1276 LAKESIDE WOODSDR		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		2. 4 CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BONAFIND, EDWARD		3.2 NAME		
STREET ADDRESS	1264 LAKESIDE WOODS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		3.4. CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, KUNO		4. 2 NAME		
STREET ADDRESS	1274 LAKESIDE WOODS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GROTE, GRACE		5.2 NAME		
STREET ADDRESS	1267 LAKESIDE WOODS DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Edward Foley Dir. Pres. — 7/3/99 — 941-484-9474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #