2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90235 039 ****61.25

DOCUMENT # N93000003283

1. Entity Name
LAKESIDE WOODS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 LAKESIDE WOODS DR. VENICE, FL ~~34292~~ 34285 US	1200 LAKESIDE WOODS DR. VENICE, FL ~~34292~~ 34285 US

01202005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

NASH, VERA
1271 LAKESIDE WOODS DR
VENICE, FL 34292

7. Name and Address of New Registered Agent

Name Richard B McLellan
Street Address (P.O. Box Number is Not Acceptable) 1270 Lakeside Woods Drive
City Venice FL Zip Code 34285

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Richard B. McLellan Richard B. McLellan 2-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NASH, VERA 1271 LAKESIDE WOODS DR VENICE, FL 34292	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President + Director Richard B McLellan 1270 Lakeside Woods Drive Venice, FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HIGGINS, JOHN 1275 LAKESIDE WOODS DR VENICE, FL 34292	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary + Director Delores Waller 1277 Lakeside Woods Drive Venice, FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GCD VOHASKA, JEROME 1280 LAKESIDE WOODS DR. VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LANGEVIN, VALMORE T 1286 LAKESIDE WOODS DR VENICE, FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HUSTON, WILLIAM 1276 LAKESIDE WOODS DR. VENICE, FL 34292	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CAPPA, JOHN 1281 LAKESIDE WOODS DR. VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Valmore J Langevin Valmore T Langevin Treasurer 2-25-05 941-485-5147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #