

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90043 016 ****61.25

DOCUMENT # N93000003283

1. Entity 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 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State
 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
MCLELLAN, RICHARD B
1270 LAKESIDE WOODS DRIVE
VENICE, FL 34285

7. Name and Address of New Registered Agent
 Name: **Delores Walker**
 Street Address (P.O. Box Number is Not Acceptable):
1277 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: *Delores Walker* *Delores Walker* *2-13-07*
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, 2007

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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCLELLAN, RICHARD B 1270 LAKESIDE WOODS DRIVE VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WALLER, DELORES 1277 LAKESIDE WOODS DRIVE VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GCD VOHASKA, JEROME 1280 LAKESIDE WOODS DR. VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LANGEVIN, VALMORE T 1286 LAKESIDE WOODS DR VENICE, FL 34292 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CHAMBERLIN, CYNTHIA 1283 LAKESIDE WOODS DR VENICE, FL 34285 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President + Director Delores Walker 1277 Lakeside Woods Drive Venice, FL 34285 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary + Director Marjorie Guyton 1272 Lakeside Woods Drive Venice, FL 34285 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Grounds Chairman/Director Brian Young 1268 Lakeside Woods Drive Venice, FL 34285 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 T Langevin* *Valmore T Langevin, Treasurer* *2-13-07* *941-485-5147*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #