

**2008-NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90010 020 ****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**



01042008 No Chg-NP CR2E037 (4/06)

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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

**WALKER, DELORES
1277 LAKESIDE WOODS DRIVE
VENICE, FL 34285**

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IN THIS SPACE**

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* *1-5-08*
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, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, DELORES 1277 LAKESIDE WOODS DRIVE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUYTON, MARJORIE 1272 LAKESIDE WOODS DRIVE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCD YOUNG, BRIAN 1268 LAKESIDE WOODS DRIVE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANGEVIN, VALMORE T 1286 LAKESIDE WOODS DR VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHAMBERLIN, CYNTHIA 1283 LAKESIDE WOODS DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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* *1-4-08* *941-485-5147*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #