## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # NO300003283



**3**/'.

**FILED** Mar 24, 2003 8:00 am Secretary of State

1. Entity Name  LAKESIDE WOODS ASSOCIATION, INC.										03-0	7-2003	90037	046	01.23		
Principal Place of Business 1200 LAKESIDE WOODS OR. VENICE FL 34292 US				Mailing Address 1200 LAKESIDE WOODS DR. VENICE FL 34292 US				) 		BIRR HIZI AAN	1 <b>20</b> 00 <b>22</b> 00		ARIJA JARAH SI	1192 HIL 1881		
2. Principal F	Place of Busin	3. Mailing Address														
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES								
City & Stat	te		City & State					4. FEI Number 59-3196187					Applied For Not Applicable			
Zip Country			Zip		Cou	Country			5. Certificate of Status Desired					75 Additional Required		
	•			7. Nam	e and Ad	dress of N	ew Regis	ered Age	ent	•	]					
					_	Name					·			-	1 .	
NASH, VERA 1271 LAKESIDE WOODS DR						Street Address (P.O. Box Number is Not Acceptable)										
VENICE FL 34292															1	
		City					·		FL	Zip Coc	e	1				
	named entity tions of expist	y submits this statement for ered agent.	or the purpo	ose of changing its	register	ed office o	r registere	ed agent,	or both, in	the State	of Florida.	I am fam	niliar with,	and accept		
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if appl	Cable. (NOT	E: Registere	Apent signer	ture required	when reinstal	ing)		<u> </u>	OATE	<u>ر د</u>	<del></del>		
FILE NOW: FEE IS \$61.25  9. Election Camp Trust Fund Cor								\$5.00 Added to		FI	Make Clorida D					
10.		OFFICERS, AND DI	RECTORS		11.		Α	NOITIGO	S/CHANG	ES TO OF	FICERS A	ND DIREC	CTORS IN	10	j	
TITLE	P Presi	dent + Direct	or '	Celete	TITLE	:					**,		Change	Addition	<u></u>	
NAME	NASH, VEI				NAM	Ε	ı						•		15	
STREET ADDRESS	1271 LAKE	SIDE WOODS DR				ET ADDRESS									CR2E037 (10/02)	
CITY-ST-ZIP	VENICE FL			<del>.</del>	CITY	-ST-ZIP									18	
TITLE		retary + Direi	ctor	Delete	TITLE								Change	Addition	18	
NAME	HIGGINS,				NAM	=	}									
STREET ADDRESS CITY-ST-ZIP		SIDE WOODS DR				et adoress -st-zip*'	١.								٦.	
TITLE	D Groun	ids Cheurman + D	irector	☐ Delete	TITLE								) Change	Addition	1	
NAME	MILLER, TE	<del></del>		LJ Delete	NAMI		·					<del>-</del>	_ circurge	, Carrier		
STREET ADDRESS		SIDE WOODS DR			STRE	ET ADIDRESS									ĺ	
CITY-ST-ZIP	VENICE FL				CITY	ST-ZIP	İ									
TITLE		isuer + Dire	ctor	☐ Defete	TITLE								Change	Addition		
NAME		VALMORE T			NAM										1	
STREET ADDRESS	t i	SIDE WOODS DR				ET ADDRESS ST-ZIP										
CITY-ST-ZIP	VENICE FL	34252		IT NOW	-								] Change	Addition	1	
TITLE NAME	LENHART,	SALLY		Delete	TITLE N <b>am</b> e							_	7 Anguille		1	
		SIDE WOODS DR				T ADDRESS										
CITY-ST-ZIP	VENICE FL			·	CITY-	\$1- <i>Z</i> IP	Ī								}	
TITLE		President , Dire	ctor	Delete	TITLE		1000	Vica	Pres	iden	r+ Din	ector	Change	Addition	1	
NAME	PRATT, DA				NAME		WIL	iam	Hus	tone wa	1- 7	)		-		
STREET ADDRESS	l	SIDE WOODS DR				T ADDRESS	14/	6 LA	Kes 10	e wa	505 ¢	,•				
CITY-ST-ZIP	VENICE FL	. 34292 information supplied with	thin Sian :	fone not enable for	_=	ST-ZIP				3429		or Annist.	that the :-	formation	- }	
LZ. I NOTONY C	.ecury inat the	uruomaaloo subbiled with	പായ വിഥാവ (	THE VIOLENT PROPERTY AND A PROPERTY	THE EXA!	แบบเดก รูเลโ	imitiliză SAAC	non Dal	22 L.3 R.H. P.H	ancia Statu	ues i Birini	MI CHYIUV	ITTAL IDM IF	11 L OF 1 T LOS 13 C ST 1		

Indicated on this report or suppliemental 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:

3-3-03