FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT .1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:07

DOCUMENT # N94000000526 (3)

1. Corporation Name

LAKESIDE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
639 ROPE BEND DR LABELLE FL 33935	~~639 ROPE BEND DR~~ P.O. Box 25 LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report:
4. FEI Number: [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26 P. O. Box 25
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 LaBelle, FL
24 Zip / 25 Country	29 33935 / 30 Hendry

9. Name and Address of Current Registered Agent

WATKINS, JOHN J
150 S MAIN ST
SUITE 3
LABELLE FL 33935

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD [ ] Change [X] Addition
NAME	LASSETT, CHARLES G	12 NAME	Charles G. Lassett
STREET ADDRESS	~~639 ROPE BEND DR~~ P.O. Box 25	13 STREET ADDRESS	639 Rope Bend Drive
CITY-ST-ZIP	LABELLE FL 33935	14 CITY-ST-ZIP	LaBelle, FL 33935
TITLE	VD	21 TITLE	VD [ ] Change [X] Addition
NAME	LASSETT, CHARLES M	22 NAME	Charles M. Lassett
STREET ADDRESS	~~639 ROPE BEND DR~~ P.O. Box 25	23 STREET ADDRESS	639 Rope Bend Drive
CITY-ST-ZIP	LABELLE FL 33935	24 CITY-ST-ZIP	LaBelle, FL 33935
TITLE	STD	31 TITLE	STD [ ] Change [X] Addition
NAME	LASSETT, BEVERLY J	32 NAME	Beverly J. Lassett
STREET ADDRESS	~~639 ROPE BEND DR~~ P.O. Box 25	33 STREET ADDRESS	639 Rope Bend Drive
CITY-ST-ZIP	LABELLE FL 33935	34 CITY-ST-ZIP	LaBelle, FL 33935
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 04-10-95 (813) 675-2157
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles G. Lassett

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