


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N94000000526 1. Entity Name LAKESIDE PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 930 HIGHWAY 80 WEST LABELLE, FL 33935	Mailing Address POST OFFICE BOX 1379 LABELLE, FL 33975 US
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0577191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KINNEY, KENNETH E JR.  
 930 HIGHWAY 80 WEST  
 LABELLE, FL 33935

**DO NOT WRITE 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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEY, KENNETH E JR. 930 HIGHWAY 80 WEST LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNS, EARL 930 HIGHWAY 80 WEST LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FARRELL, ELEANOR 930 HIGHWAY 80 WEST LABELLE, FL 33935
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000703131  
 04/20/07-80128-010 61.25

**DO NOT WRITE 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:  4/10/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #