

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000005588 (8)**

1. Corporation Name

**LAKESIDE HOMEOWNERS' ASSOCIATION OF TALLAHASSEE, INC.**



Principal Place of Business

Mailing Address

**431 WAVERLY ROAD  
TALLAHASSEE FL 32312**

**431 WAVERLY ROAD  
TALLAHASSEE FL 32312**

3. Date Incorporated or Qualified  
**11/14/1994**

3a. Date of Last Report  
**07/18/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-3280342**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

Country

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISAACS, DAN LEE  
431 WAVERLY ROAD  
TALLAHASSEE FL 32312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | CONNER, MARK A         |  |
| STREET ADDRESS | 7118 BEECH RIDGE TRAIL |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32312   |  |
| TITLE          | SD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | CONNER, ALBERT J       |  |
| STREET ADDRESS | 7118 BEECH RIDGE TRAIL |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32312   |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | ISAACS, DAN L          |  |
| STREET ADDRESS | 431 WAVERLY ROAD       |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32312   |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | PD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Chester Cowan           |  |
| 1.3 STREET ADDRESS | 4425 Cool View Drive    |  |
| 1.4 CITY-ST-ZIP    | Tallahassee, FL 32303   |  |
| 2.1 TITLE          | VPD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Don Cohen               |  |
| 2.3 STREET ADDRESS | 4281 Little Osprey      |  |
| 2.4 CITY-ST-ZIP    | Tallahassee, FL 32303   |  |
| 3.1 TITLE          | PO                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Mark Langston           |  |
| 3.3 STREET ADDRESS | 4339 Cool View Drive    |  |
| 3.4 CITY-ST-ZIP    | Tallahassee, FL 32303   |  |
| 4.1 TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Lisa Montgomery         |  |
| 4.3 STREET ADDRESS | 4408 Cool Emerald Drive |  |
| 4.4 CITY-ST-ZIP    | Tallahassee, FL 32303   |  |
| 5.1 TITLE          | SC                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | David Worrell           |  |
| 5.3 STREET ADDRESS | 4392 Cool Emerald Drive |  |
| 5.4 CITY-ST-ZIP    | Tallahassee, FL 32303   |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                         |  |
| 6.3 STREET ADDRESS |                         |  |
| 6.4 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)(k), 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:

*Don Cohen*  
Don Cohen

4/30/96  
Date

531-0627  
Daytime Phone #

CR2E037 (12/95)