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FILED

**May 11 1998 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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

4. FEI Number

59-3280342

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

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 DELETE

1.1 TITLE

Change Addition

~~NAME
COHEN, DON
STREET ADDRESS
4281 LITTLE OSPREY
CITY-ST-ZIP
TALLAHASSEE FL~~

1.2 NAME

TITLE DELETE

2.1 TITLE

Change Addition

~~NAME
VPD
LANGSTON, MARK
STREET ADDRESS
4339 COOL VIEW DRIVE
CITY-ST-ZIP
TALLAHASSEE FL~~

2.2 NAME

TITLE DELETE

3.1 TITLE

Change Addition

~~NAME
MONTGOMERY, LISA
STREET ADDRESS
4408 COOL EMERALD DRIVE
CITY-ST-ZIP
TALLAHASSEE FL~~

3.2 NAME

TITLE DELETE

4.1 TITLE

Change Addition

~~NAME
SC
WARRELL, DAVID
STREET ADDRESS
4392 COOL EMERALD DRIVE
CITY-ST-ZIP
TALLAHASSEE FL~~

4.2 NAME

TITLE DELETE

5.1 TITLE

Change Addition

~~NAME
DT
MURPHY, JOHN
STREET ADDRESS
4235 LITTLE OSPREY
CITY-ST-ZIP
TALLAHASSEE FL 32303~~

5.2 NAME

**800002518723 S
-05/11/98--01085--019
***61.25
5.11**

TITLE DELETE

6.1 TITLE

Change Addition

~~NAME
STREET ADDRESS
CITY-ST-ZIP~~

6.2 NAME

**Pat Wright
4339 Cool View
Tallahassee FL 32303**

14. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address.

SIGNATURE:

[Handwritten signatures and names]

CR2E037 (10/97)