FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400005588 (8)

FILED May 11 1998 8:00am Secretary of State

LAKESIDE HOMEOWNERS' ASSOCIATION OF TALLAHASSEE,					A TRACINAL AND LOVIN BLOW AREN BONN BONN BONN BONN BOND BUILD WHEN HOURS ARE	
Principal Place of Business Mailing Address						
431 WAVERLY		491 WAVEDLY BOAD				
431 WAVERLY ROAD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 TALLAHASSEE FL 32312						3. Date Incorporated or Qualified
						11/14/1994 4. FEI Number Applied For
						59-3280342 Not Applicable
2. Principal Place of Business 2a. Mailing Address 25						5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be
27						Trust Fund Contribution Added to Fees
City & State City & State						7. Is this nonprofit corporation a homeowners association?
23 Zip				Carabas		☐ Yes ☐ No
24	Country Zip 25 30		30 Coun	Country		8. This corporation owes or has paid the current year Intangible
E4	9. Name and Address of Curre		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
·			8	1 Name		
ISAACS, DAN LEE				2 Stree	Addro	ess (P.O. Box Number is Not Acceptable)
431 WAVERLY ROAD			ľ	3000	. Addire	ass (F.O. box number is not Acceptable)
TALLAHASSEE FL 32312			8	13	,	
			8	4 City		85 Zip Code
	· · · · · · · · · · · · · · · · · · ·			1 1		FL
11. Pursuant office or	to the provisions of Sections 617.050 registered agent, or both, in the State	02 and 617.1508, Florida Stat of Florida, Such change was	utes, the abo s authorized	ve-name	d corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I a	am tam iliar with, and accept the oblig	ations of, Section 617.0503,	forida Statul	es.	.	and a succession of this replacement and appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	Sol and Sta it applicable (the	OTE: Decimand			ed when reinstating) DATE
12.		D DIRECTORS	13.	Agent signatu	ie requirer	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	X	☐ DELETE	1.1 TITLE		D	Change Addition
NAME	COHEN, DON		- 1.2 NAM	E		`
STREET ADDRESS	4281 LITTLE OSPREY	······································	1.3 STAE	ET AUDRESS	1	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY	-31-EIP -	-7_	
TITLE	VPD	DELETE	2.1 TITL!			☐ Change ☐ Addition
NAME	LANGSTON, MARK		2.2 NAM			•
STREET ADDRESS	4339 COOL VIEW DRIVE		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP TITLE	TALLAHASSEE FL	- I bacte		-ST-ZIP	_	
NAME	MONTGOMERY, LISA		3.1 11111		7	Br≥ Change Addition
STREET ADDRESS	4408 COOL EMERALD DRIVE		3.2 NAM	ET ADOREGS	\$	
CITY-ST-ZIP	TALLAHASSEE FL					_ :
TITLE	\$C	▼ 'DELETE	4.1 TITLE	-91-2/P	 	Change Addition
NAME	WARRELL, DAVID		4. 2 NAM		1	
STREET ADDRESS	4392 COOL EMERALD DRIVE			et address	1	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY	-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		1	☐ Change ☐ Addition
NAME	MURPHY, JOHN		5.2 NAMI	E		8000025187 2 \$\$ -05/11/9801085 019 \$
STREET ADDRESS	4235 LITTLE OSPREY		5.3 STRE	5.3 STREET ADDRESS		-02/11/3801082013
CITY-ST-ZIP	TALLAHASSEE FL 32303	he he he		5.4 CITY-ST-ZIP		***61.25 ****
TITLE		☐ DELETE	6.1 TITLE		0	Change Addition
NAME OTOGET ADDRESS			6.2 NAMI		(122	wright
STREET ADDRESS				ET ADDRESS	155	
CITY-ST-ZIP			6.4 CITY	- ST - ZIP	ه (ا	Mehaspe 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 Tohanged, or on an attachment with an address.

CIGNATURE.

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(050) 521-062)