

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2001 08:00 AM
Secretary of State

DOCUMENT # N94000005588

1. Entity Name
 LAKESIDE HOMEOWNERS' ASSOCIATION OF TALLAHASSEE, INC.

Principal Place of Business 431 WAVERLY ROAD TALLAHASSEE FL 32312	Mailing Address 431 WAVERLY ROAD TALLAHASSEE FL 32312
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-3280342

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ISAACS DAN LEE 431 WAVERLY ROAD TALLAHASSEE FL 32312 US				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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.

SIGNATURE _____ DATE **04/22/2001**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DT <input type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	DT <input type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY JOHN	NAME	KERWIN SHARYN	NAME	WRIGHT PAT	NAME	
STREET ADDRESS	4235 LITTLE OSPREY	STREET ADDRESS	4280 COOL EMERALD DRIVE	STREET ADDRESS	4339 COOL VIEW	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	P <input type="checkbox"/> Delete	TITLE	PT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY LISA	NAME	FRASIER CHARLES	NAME	MONTGOMERY LISA	NAME	FRASIER CHARLES
STREET ADDRESS	4408 COOL EMERALD DRIVE	STREET ADDRESS	4465 COOL EMERALD DRIVE	STREET ADDRESS	4408 COOL EMERALD DRIVE	STREET ADDRESS	4465 COOL EMERALD DRIVE
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	VPD <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	VPD <input type="checkbox"/> Delete	TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTON MARK	NAME	CHRISTEN JOE	NAME	LANGSTON MARK	NAME	CHRISTEN JOE
STREET ADDRESS	4339 COOL VIEW DRIVE	STREET ADDRESS	4349 COOL EMERALD DRIVE	STREET ADDRESS	4339 COOL VIEW DRIVE	STREET ADDRESS	4349 COOL EMERALD DRIVE
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	D <input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	D <input type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN DON	NAME	BAILEY THERESA	NAME	COHEN DON	NAME	BAILEY THERESA
STREET ADDRESS	4281 LITTLE OSPREY	STREET ADDRESS	4425 COOL EMERALD DRIVE	STREET ADDRESS	4281 LITTLE OSPREY	STREET ADDRESS	4425 COOL EMERALD DRIVE
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Pat Wright Dir **04/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)