

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2006
Secretary of State**

DOCUMENT# N94000005588

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

Current Principal Place of Business:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3280342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALEXANDER, BRIAN
Address: 4328 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DVP () Delete
Name: PERRY, CLYDE P
Address: 4420 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: PT () Delete
Name: FRANCIS, HOLLY
Address: 4384 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DP () Delete
Name: WRIGHT, PAT
Address: 4339 COOL VIEW
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS () Delete
Name: WINN, MICHAEL
Address: 4428 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MEEKS, CHRIS
Address: 4263 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT WRIGHT

Electronic Signature of Signing Officer or Director

P

04/30/2006

Date