

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005588

FILED  
Apr 24, 2008  
Secretary of State

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

**Current Principal Place of Business:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

528 E. PARK AVE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

528 E. PARK AVE  
TALLAHASSEE, FL 32301

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: DACP ( ) Delete  
Name: MEEKS, CHRIS  
Address: 4263 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: D ( ) Delete  
Name: FACH, KENNETH  
Address: 4288 COOL EMERALD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

Title: DS (X) Change ( ) Addition  
Name: FACH, KENNETH  
Address: 4288 COOL EMERALD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify 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: HOLLY FRANCIS

DT

04/24/2008

Electronic Signature of Signing Officer or Director

Date