2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005588

FILED Jun 01, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

528 E. PARK AVE 644 CAPITAL CIR NE TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

528 E. PARK AVE PO BOX 13089

TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32317

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ISAACS, DAN L
528 E. PARK AVE
TALLAHASSEE, FL 32301 US

RHINEHART, ROBERT S
644 CAPITAL CIR NE
TALLAHASSEE, FL 32301 US

TALLAHASSEE, FL 32301 US

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: ROBERT RHINEHART 06/01/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DS

Name: FACH, KENNETH

Address: 4288 COOL EMERALD DRIVE City-St-Zip: TALLAHASSEE, FL 32303

Title: DVP

Name: BROWN, CLYDE P Address: 4420 COOL EMERALD DRIVE

City-St-Zip: TALLAHASSEE, FL 32303

Title: DT

Name: FRANCIS, HOLLY

Address: 4384 COOL EMERALD DRIVE City-St-Zip: TALLAHASSEE, FL 32303

Title: DP

Name: WRIGHT, PAT

Address: 4480 COOL EMERALD DRIVE City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: PAT WRIGHT DP 06/01/2010