

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005588

FILED
Apr 24, 2012
Secretary of State

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

Current Principal Place of Business:

644 CAPITAL CIR NE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 13089
TALLAHASSEE, FL 32317

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:

RHINEHART, ROBERT S
644 CAPITAL CIR NE
TALLAHASSEE, FL 32301 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: DP
Name: WRIGHT, PATRICK
Address: 4480 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DVP
Name: URRUTIA, DANA
Address: 4328 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT
Name: BROWN, CLYDE P
Address: 4420 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS
Name: FRANCIS, HOLLY
Address: 4384 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: CLARK, HOWARD
Address: 4453 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: LOWEN, KEITH
Address: 4351 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: ROBERT S. RHINEHART

RA

04/24/2012

Electronic Signature of Signing Officer or Director

Date