

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005672

FILED
Mar 20, 2005
Secretary of State

Entity Name: LAKESIDE PLACE SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 2276
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

P O BOX 2276
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 14-8385899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, ROBERT
8314 VINTAGE DR.
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

COX, GLORIA
8314 VINTAGE DR.
ORLANDO, FL 32835 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: GLORIA COX

03/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD (X) Delete
Name: FARNELLA, JOHN
Address: 8401 VINTAGE DR.
City-St-Zip: ORLANDO, FL 32835

Title: TD () Delete
Name: SUBLETTE, PHILIP
Address: 8327 VINTAGE DR.
City-St-Zip: ORLANDO, FL 32835

Title: PD () Delete
Name: COX, ROBERT
Address: 8314 VINTAGE DR.
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: COX, GLORIA
Address: 8314 VINTAGE DR.
City-St-Zip: ORLANDO, FL 32835

Title: PD (X) Change () Addition
Name: KEYES, ROGER
Address: 8400 VINTAGE DR.
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GLORIA COX

TD

03/20/2005

Electronic Signature of Signing Officer or Director

Date