

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005672

1. Entity Name
**LAKE SIDE PLACE SUBDIVISION HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business

**P O BOX 2276
WINDERMERE, FL 34786**

Mailing Address

**P O BOX 2276
WINDERMERE, FL 34786 US**

DO NOT WRITE IN THIS SPACE



04132006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
14-8385899

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COX, GLORIA
8314 VINTAGE DR.
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KEYES, ROGER
8400 VINTAGE DR.
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000516084
04/29/06-80234-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Cox Gloria Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06

407 295 0719
Date Daytime Phone #