

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N95000001443

Entity Name: IOLA LAKESIDE VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

34851 S.R. 54 WEST, #101
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

34851 S.R. 54 WEST, #101
ZEPHYRHILLS, FL 33541

New Mailing Address:

FEI Number: 59-3136780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, CARL D
34851 S.R. 54 WEST, #101
ZEPHYRHILLS, FL 33541 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: PD () Delete
Name: HILL, CARL D
Address: 34851 S.R. 54 WEST, #101
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: STD () Delete
Name: HILL, KIMBERLY A
Address: 34851 S.R. 54 WEST, #101
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VD () Delete
Name: CORRADINI, FRANK
Address: P.O. BOX 1273
City-St-Zip: SAN ANTONIO, FL 33576

Title: TD () Delete
Name: OTEY, PATRICIA A
Address: PO BOX 661
City-St-Zip: SAN ANTONIO, FL 33576

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:

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: KIMBERLY A. HILL

STD

01/16/2009

Electronic Signature of Signing Officer or Director

Date