

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001873

**FILED**  
**Apr 14, 2004**  
**Secretary of State****Entity Name:** LAKESIDE NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US**New Principal Place of Business:****Current Mailing Address:**2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US**New Mailing Address:****FEI Number:** 59-3314858**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 - STE 5000  
LONGWOOD, FL 32779 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:** LANDAUER, KATHERINE  
**Address:** 9446 HUNTER'S POND DR  
**City-St-Zip:** TAMPA, FL 33647**Title:** VD ( ) Delete  
**Name:** HARTLEY, ALFRED H.  
**Address:** 9448 HUNTER'S POND DR  
**City-St-Zip:** TAMPA, FL 33647**Title:** STD ( ) Delete  
**Name:** DOUPNKI, CRAIG  
**Address:** 9454 HUNTERS POND  
**City-St-Zip:** TAMPA, FL 33647**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** LANDAUER, KATHERINE  
**Address:** 9446 HUNTERS POND DR  
**City-St-Zip:** TAMPA, FL 33647**Title:** VPD (X) Change ( ) Addition  
**Name:** HARTLEY, ALFRED JR  
**Address:** 9448 HUNTERS POND DR  
**City-St-Zip:** TAMPA, FL 33647**Title:** STD (X) Change ( ) Addition  
**Name:** DOUPNKI, CRAIG  
**Address:** 9454 HUNTERS POND DR  
**City-St-Zip:** TAMPA, FL 33647

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: KATHERINE LANDAUER

PD

04/14/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date