

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000003581	
1. Entity Name LAKESIDE OFFICE LAND CONDOMINIUM OWNER'S ASSOCIATION, INC.	

Principal Place of Business 2729 W FAIRBANKS WINTER PARK, FL 32789	Mailing Address 2729 W FAIRBANKS WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3745001	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THOMAS, RENEE
LOTSPEICH & ASSOC
2711 W FAIRBANKS AVE
WINTER PARK, FL 32789**

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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: Renee L. Thomas, Renee L. Thomas, Pres. 3/6/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UG00000857875 04/01/08-80021-019 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, RENEE 2711 W FAIRBANKS AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODBURN, KIMBERY 2729 W FAIRBANKS AVE WINTER PARK, FL 32789
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: K.M. Woodburn 2/21/08 401 8698830 ^{ext 115}

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #