


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90031 010 ****61.25

DOCUMENT # N99000004236

1. Entity Name
THE LAKESIDE COMMUNITY RENEWAL, INC.



Principal Place of Business
**115 EAST MAIN ST.
 PAHOKEE, FL 33476**

Mailing Address
**115 EAST MAIN ST.
 PAHOKEE, FL 33476**

60040011



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0965997

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PAHOKEE CHAMBER OF COMMERCE
 115 E. MAIN STREET
 PAHOKEE, FL 33476**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 \$81.25
 Due by May 1, 2007**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P POPE, LEWIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1135 GARDEN PLACE	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE NAME	V TODD, FLORA M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	137 E. MAIN STREET	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE NAME	S O'CONNEL-RUST, ANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 126	
CITY-ST-ZIP	CANAL POINT, FL 33438	
TITLE NAME	T THOMPSON, ALICE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2997 BACOM POINT ROAD, APT #8	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE NAME	D HONEYCUTT, EDWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 211	
CITY-ST-ZIP	CANAL POINT, FL 33438	
TITLE NAME	D MARZI, LEILAH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	137 E. MAIN STREET	
CITY-ST-ZIP	PAHOKEE, FL 33476	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Flora Mary Todd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	137 E. Main St.	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE NAME	V Danny Moore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	157 S. Green Star Ave.	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE NAME	S Brett Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	480 Bacom Pt. Rd.	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE NAME	T Leonard Dobrow	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	977 Bacom Pt. Rd.	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Leonard Dobrow Leonard Dobrow 561/924-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

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Subj: Sabal Palm House Reservation Confirmation
Date: 3/17/2007 8:43:42 A.M. Eastern Daylight Time
From: sabalpalmhouse@aol.com
To: ldobrow977@aol.com

60026017
#N99000004236



March 17, 2007

Len Dobrow
137 E. Main Street
Pahokee FL 33476

Dear Len,

We are pleased to confirm your reservation:

CheckIn Time	3:00 PM
CheckIn	Mar 18, 2007 - Sunday
Check Out	Mar 19, 2007 - Monday
Number of Nights	1
Avg. Nightly Rate	\$185.00
Room	7 - Degas Room
Reservation Number	A102932JO

The cost breakdown of your reservation:

Room Charge	US \$185.00
bed tax	US \$9.25
sales tax	US \$12.03

Total Cost: US \$206.28

Balance US \$206.28

SABAL PALM HOUSE BED AND BREAKFAST
109 N. GOLFVIEW ROAD
LAKE WORTH, FL 33460
561-582-1090

VERY IMPORTANT!! IF YOU RECEIVED THIS CONFIRMATION VIA E-MAIL, PLEASE CHECK ALL INFORMATION, IF ANY OF THE RESERVATION INFORMATION IS INCORRECT, PLEASE CONTACT US IMMEDIATELY.

PLEASE CALL US SHOULD YOU DECIDE TO ARRIVE LATER THAN YOUR PLANNED ARRIVAL TIME STATED ABOVE AS WE WILL WAIT FOR YOU TO CHECK IN. WE CAN

ATTACHMENT

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BE REACHED AT 1-888-722-2572.

60026017
N99000004236

- Sorry, we are a non-smoking inn.
- Children 14 or older only.
- Sorry, we cannot accommodate pets.
- Visa, MasterCard, Discover and Travelers Checks accepted.
- Your credit card will hold your reservation with the total due upon arrival. We are a small inn and consequently cancellations affect us significantly. Cancellations made in the two weeks prior to your arrival will result in a charge to you of one-night stay or 50% of your total stay, whichever is greater. Should it be necessary for you to depart earlier than your confirmed date, you will be responsible for the full amount of the intended stay unless we are able to book all nights.
- Two night minimum stay on selected weekends.
- Check in time is 3:00 p.m. to 6:00 p.m. Arrangements **MUST** be made for late arrivals (please call in advance). Check out time is 11:00 A.M.

Colleen and John

