

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90042 009 ****61.25

DOCUMENT # N99000004660 1. Entity Name LAKESIDE CORPORATE PARK ASSOCIATION, INC.					
Principal Place of Business % FLORIDA TRUST REALTY, INC. 210 N. UNIVERSITY DR., STE 200 POMPANO BEACH, FL 33071				Mailing Address % FLORIDA TRUST REALTY, INC. 210 N. UNIVERSITY DR., STE 200 POMPANO BEACH, FL 33071	
2. Principal Place of Business C/O SUNRAE MANAGEMENT SVC, INC.		3. Mailing Address 7071 W. COMMERCIAL BLVD.		 04072005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc. SUITE 2-B		Suite, Apt. #, etc. SUITE 2-B			
City & State TALLAHASSEE, FLORIDA		City & State TALLAHASSEE, FLORIDA			
Zip 33319	Country USA	Zip 33319	Country USA		
4. FEI Number 65-0976584				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ARGENTI, ROBERT % FLORIDA TRUST REALTY, INC. 210 N. UNIVERSITY DR., STE 200 POMPANO BEACH, FL 33071	
7. Name and Address of New Registered Agent Name: KAREN BUSCH C/O SUNRAE LIGHT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 7071 W. COMMERCIAL BLVD Suite: SUITE 2-B City: TALLAHASSEE FL Zip Code: 33319				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: <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ARGENTI, ROBERT 2500 WESTON ROAD, SUITE 302 WESTON, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOB MILLER 2500 WESTON ROAD WESTON, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINNEEN, ROBERT E III 2500 WESTON ROAD, SUITE 302 WESTON, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRAN KRATHEN 2500 WESTON ROAD WESTON, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAROLE ROGERS 2500 WESTON ROAD WESTON, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UDO STOLARCZUK 2500 WESTON ROAD WESTON, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:			4/8/05 954-349-7340		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
UDO M. STOLARCZUK					