


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90241 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000051194

1. Corporation Name
LAKESIDE WOODS DEVELOPMENT, INC.

Principal Place of Business 200 CAPRI ISLES BLVD VENICE FL 34292	Mailing Address 200 CAPRI ISLES BLVD VENICE FL 34292
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	PO BOX 297	07/20/1993	
22	City & State	27	LAUREL FL	4. FEI Number	
23	Zip	28	34272	65-0425386	
24	Country	29		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
PETERSON, DAVID E		81 Name		<input type="checkbox"/> \$8.75 Additional Fee Required	
200 CAPRI ISLES BLVD		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing	
VENICE FL 34292		83		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		84 City		8. This corporation owes the current year Intangible Personal Property Tax.	
		FL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	D, PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, DAVID E	1.2 NAME	DAVID E. PETERSON
STREET ADDRESS	1545 WATERFORD DR	1.3 STREET ADDRESS	200 CAPRI ISLES BLV
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE, FL 34292
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULA CAITHNESS	2.2 NAME	DAVID C. PETERSON
STREET ADDRESS	1091 EISENHOWER DR	2.3 STREET ADDRESS	200 CAPRI ISLES BLV
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	VENICE, FL 34292
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: David E. Peterson DAVID E. PETERSON, PRES 3-1-99 941-484-7059
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)