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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087004 (6)

1. Corporation Name

LAKESIDE DEVELOPMENT OF ORLANDO, INC.

Principal Place of Business

2601 S BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133-5461

Mailing Address

2601 S BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133-5412



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/17/1993

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0445386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

LANGLEY, MARCIA H
2601 S BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133-5461

10. Name and Address of New Registered Agent

81 Name

JOEL K. GOLDMAN

82 Street Address (P.O. Box Number is Not Acceptable)

2601 S. Bayshore Dr

83

9th Floor

84 City

Miami

FL

85 Zip Code

33133

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

Joel K. Goldman

Joel K. Goldman

4/11/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
JEFFREY, THOMAS W
STREET ADDRESS
2601 S BAYSHORE DRIVE
CITY - ST - ZIP
MIAMI FL 33133

TITLE ☒ DELETE

NAME
WOODBURY, KIMBALL D.
STREET ADDRESS
2601 S BAYSHORE DR
CITY - ST - ZIP
MIAMI FL 33133

TITLE ☐ DELETE

NAME
GOLDMAN, JOEL K.
STREET ADDRESS
2601 S BAYSHORE DRIVE, 9TH FLOOR
CITY - ST - ZIP
MIAMI FL 33133-5461

TITLE ☐ DELETE

NAME
CARLETON, CALLIS N.
STREET ADDRESS
2601 S BAYSHORE DRIVE, 9TH FLOOR
CITY - ST - ZIP
MIAMI FL 33133-5461

TITLE ☐ DELETE

NAME
LANGLEY, MARCIA H
STREET ADDRESS
2601 S BAYSHORE DRIVE, 9TH FLOOR
CITY - ST - ZIP
MIAMI FL 33133-5461

TITLE ☐ DELETE

NAME
FISCHER, JOHN H
STREET ADDRESS
2601 S BAYSHORE DRIVE, 9TH FLOOR
CITY - ST - ZIP
MIAMI FL 33133-5461

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
GILLETTE, J. Thomas
1.3 STREET ADDRESS
2601 S. Bayshore Dr
1.4 CITY - ST - ZIP
Miami FL 33133

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
VSD
GOLDMAN, JOEL K
2.3 STREET ADDRESS
2601 S. Bayshore Dr
2.4 CITY - ST - ZIP
MIAMI FL 33133

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
V/A/S
LANGLEY, MARCIA H.
3.3 STREET ADDRESS
2601 S. Bayshore Dr.
3.4 CITY - ST - ZIP
MIAMI FL 33133

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
V/D/C/A/S
CARLETON, CALLIS N
4.3 STREET ADDRESS
2601 S. BAYSHORE DRIVE
4.4 CITY - ST - ZIP
MIAMI FL 33133

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
Reader, Perry
5.3 STREET ADDRESS
2601 S. Bayshore Dr
5.4 CITY - ST - ZIP
MIAMI FL 33133

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Joel K. Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305.259.4071
Daytime Phone #

0178288

CR2E034 (9/96)