Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90045 045 ***158.75

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000087004

1. Corporation Name

LAKESIDE DEVELOPMENT OF ORLANDO, INC.

<u></u>	· · · · · · · · · · · · · · · · · · ·							
Principal Place of Business Mailing Address			•			E INBYTONS THE FORM INTO BRIDE WHILL	88141 10111 18911 89111	BB(11 8)81 1891
2601 S BAYSHORE DRIVE 2601 S BAYSHORE DRIVE								
9TH FLOOR 9TH FLOOR						DO NOT WRITE IN	THIS SPACE	
MIAMI FL 33133-5461 MIAMI FL 33133-5461						3. Date Incorporated or Qualifed		
						12/17/1993		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	plied For
21 26						65-0445386		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	Additional equired
City & State City & State						<u> </u>		Mav Be
,,						6. Election Campaign Financing Trust Fund Contribution	7	May Be to Fees
			Countr			8. This corporation owes the current year		
24 25 29 30			_ `			Personal Property Tax.	☐Yes	□No
	9. Name and Address of Current				•	10. Name and Address of New Registe	ered Agent	
			81	Name	9			
GOLDMAN, JOEL K				Street Address (P.O. Box Number is Not Acceptable)				
2601 S BAYSHORE DRIVE								
9TH FLOOR MIAMI FL 33133-5461			83	'				
MIMINI FE 33 133-340 F			84	84 City			FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, th					d corpor	ration submits this statement for the purpos	se of changing its	registered
f office or r	egistered agent, or both, in the State of manifer with, and accept the obligation	Florida, Such change was auth	norizea di	rine con	poration	's board of directors. I hereby accept the a	appointment as re	gistered
	m familiar with, and accept the obligation	ns of, Section 607.0000, Florid	a Statute	s .				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				ent signature	required v			
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	DV DELETE		1.1 TITLE				☐ Change	* Addition
NAME	JEFFREY, THOMAS W		1.2 NAME			aguardia, John	÷	
STREET ADDRESS 2601 S BAYSHORE DRIVE			1			501 S. Bayshore Drive		
CITY-ST-ZIP	The time to the ti			1.4 CITY-ST-ZIP M 2.1 TITLE		iami FL 33133	Change	Addition
TITLE				2.2 NAME				
	GILLLIIL, O MOMAO			2.3 STREET ADDRESS			•	
STREET ADDRESS	2601 S BAYSHORE DR MIAMI FL		2.4 CITY-]		•	
CITY-ST-ZIP			3.1 TITLE				☐ Change	Addition
NAME	GOLDMAN, JOEL K		3,2 NAME					
STREET ADDRESS 2601 S BAYSHORE DRIVE, 9TH FLOOR			3.3 STREET ADDRESS		s			
CITY-ST-ZIP	MIAMI FL	12001.	3.4. CITY-	ST-ZIP			<u> </u>	
TITLE			4.1 TITLE		V/	C/AS/D	Change	Addition
NAME	· · · · ·		4. 2 NAME		Co	ook, Paula		
STREET ADDRESS			4.3 STREET ADDRESS		s 26	501 S. Bayshore Drive		
CITY-ST-ZIP	MIAMI FL 33133 . 44					iami FL 33133		
TITLE	¥7.0			5.1 TITLE		•	Change	☐ Addition
NAME	LANGLEY, MARCIA H		5.2 NAME					
STREET ADDRESS	2601 S BAYSHORE DRIVE, 9TH	FLOOR	5.3 STREE	ET ADDRES	5			
CITY-ST-ZIP	MIAMI FL				-		☐ Change	Addition
TITLE	l VT				1			

14. I hereby certify that the information supplied with this filling 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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

FISCHER, JOHN H

2601 S BAYSHORE DRIVE, 9TH FLOOR

SIGNATURE AND