FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 1:55

DOCUMENT # V27160 (3)

1. Corporation Name
LAKESIDE WOODS, INC.

Principal Place of Business	Mailing Address
ONE SARASOTA TOWER STE 504 SARASOTA FL 34236 US	ONE SARASOTA TOWER STE 504 SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1992
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0334398 ☐ 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

WEBB, RICHARD S. I
ONE SARASOTA TOWER, STE 504
2 NORTH TAMIAMI TRAIL
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	A/S	☒ Change ☐ Addition
NAME	SHEVLIN, BERNARD J.	1.2 NAME	BERNARD J. SHEVLIN	
STREET ADDRESS	2675 TRANSIT RD.	1.3 STREET ADDRESS	2675 TRANSIT RD.	
CITY-ST-ZIP	ELMA NY	1.4 CITY-ST-ZIP	ELMA, NY	
TITLE	D	2.1 TITLE	P	☐ Change ☒ Addition
NAME	BOWEN, RICHARD W. (DELETE)	2.2 NAME	RICHARD CRAIG	
STREET ADDRESS	45 BAYNARD PARK RD.	2.3 STREET ADDRESS	5936 LAKESIDE WDS CIR.	
CITY-ST-ZIP	HILTON HEAD ISL. SC	2.4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		3.1 TITLE	V	☐ Change ☒ Addition
NAME		3.2 NAME	ALFRED UIEHBECK	
STREET ADDRESS		3.3 STREET ADDRESS	5871 LAKESIDE WDS CIR.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		4.1 TITLE	T	☐ Change ☒ Addition
NAME		4.2 NAME	GUBRUN VENGLING	
STREET ADDRESS		4.3 STREET ADDRESS	5963 LAKESIDE WDS CIR.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		5.1 TITLE	S	☐ Change ☒ Addition
NAME		5.2 NAME	ALEX EVONITZ	
STREET ADDRESS		5.3 STREET ADDRESS	5824 LAKESIDE WDS CIR	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard S. Craig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0465368 FP