

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V27160** (3)  
1. Corporation Name  
**LAKESIDE WOODS, INC.**

Principal Place of Business <b>ONE SARASOTA TOWER, SUITE 500 2 NORTH TAMiami TRAIL SARASOTA FL 34236 US</b>	Mailing Address <b>ONE SARASOTA TOWER, SUITE 500 2 NORTH TAMiami TRAIL SARASOTA FL 34236 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5852 Lakeside Woods Circle</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2675 Transit Road</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/08/1992</b>	
22 City & State <b>Sarasota, FL</b>		27 City & State <b>Elma, NY</b>		4. FEI Number <b>65-0334398</b> Applied For Not Applicable	
23 Zip <b>34243</b> Country <b>US</b>		28 Zip <b>14059</b> Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>34243</b>		25 <b>US</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
26 <b>14059</b>		27 <b>US</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WEBB, RICHARD S. IV ONE SARASOTA TOWER, SUITE 500 2 NORTH TAMiami TRAIL SARASOTA FL 34236</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <b>BOWEN, RICHARD W</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>45 BARNYARD PARK ROAD</b>	1.2 NAME	
STREET ADDRESS	<b>HILTON HEAD SC</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, PATRICIA K.</b>	2.2 NAME	
STREET ADDRESS	<b>4541 WINDSOR CT. E.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	2.4 CITY-ST-ZIP	
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.

SIGNATURE: **X Patricia K. Moore** **Patricia K. Moore** **4/27/98** **941-359-8000**

CR2E034 (10/97)