#### 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

S

#### SIGNATURE: WILLIAM MACALPINE

Electronic Signature of Signing Officer/Director Detail

8130 BAYMEADOWS WAY WEST SUITE 306 JACKSONVILLE, FL 32256

### **Current Mailing Address:**

277 LOCUST STREET SUITE A DOVER, NH 03820 US

### FEI Number: 88-4000256

### Name and Address of Current Registered Agent:

CLAYTON, JOSEPH T JR 8130 BAYMEADOWS WAY WEST SUITE 306 JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	P	Title	VP
Name	CLAYTON, JOSEPH T JR	Name	MACALPINE, RODERICK
Address	8130 BAYMEADOWS WAY WEST,	Address	3744 TORREY PINES WAY
City-State-Zip:	SUITE 306 JACKSONVILLE FL 32256	City-State-Zip:	SARASOTA FL 34238
Title	S		
Name	MACALPINE, WILLIAM		
Address	277 LOCUST STREET, SUITE A		
City-State-Zip:	DOVER NH 03820		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N22000009194

# Entity Name: LAKESIDE SHORES HOMEOWNERS ASSOCIATION, INC.

# **Current Principal Place of Business:**

Mar 29, 2023 Secretary of State 8950725153CC

Date

FILED

## Certificate of Status Desired: No

03/29/2023 Date