

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **737688** (2)
1. Corporation Name
LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1130 N LAKE PARKER AVE LAKELAND FL 33805

3. Date Incorporated or Qualified **12/27/1976** 3a. Date of Last Report **02/22/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc	26	Suite, Apt. #, etc.		59-1804125	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PANZICA, ANTHONY B. 1130 N. LAKE PARKER AVE. B-315 LAKELAND FL 33805				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 617.0503, Florida Statutes.

SIGNATURE **ANTHONY B. PANZICA-PD** *Anthony B. Panzica* 1/26/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, JACK		1.2 NAME	GLOVER, JIM			
STREET ADDRESS	1130 N LAKE PARKER AVE		1.3 STREET ADDRESS	1130 N lake Parker Ave			
CITY - ST - ZIP	LAKELAND, FL 00000		1.4 CITY - ST - ZIP	LAKELAND, FL.33805			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DOVE, EDWIN		2.2 NAME	TROIANO, ANN			
STREET ADDRESS	1130 N LAKE PARKER AVE		2.3 STREET ADDRESS	1130 N LAKE PARKER AVE			
CITY - ST - ZIP	LAKELAND FL		2.4 CITY - ST - ZIP	LAKELAND, FL.,33805			
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PANZICA, ANTHONY B.		3.2 NAME	NAGLE, JOHN			
STREET ADDRESS	1130 N LAKE PARKER AVE		3.3 STREET ADDRESS	1130 N.LAKE PARKER AVE.			
CITY - ST - ZIP	LAKELAND, FL 0		3.4 CITY - ST - ZIP	LAKELAND, FL.,33805			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SUMMERS, ALVENA		4.2 NAME	GRAHAM, HAROLD			
STREET ADDRESS	1130 N. LAKE PARKER AVE.		4.3 STREET ADDRESS	1130 N Lake Parker Ave			
CITY - ST - ZIP	LAKELAND, FL 00000		4.4 CITY - ST - ZIP	LAKELAND, FL.33805			
TITLE	DS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DOOLIN, LUCILLE		5.2 NAME				
STREET ADDRESS	1130 N LAKE PARKER AVE		5.3 STREET ADDRESS				
CITY - ST - ZIP	LAKELAND FL		5.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FREDERICK, WILLIAM		6.2 NAME				
STREET ADDRESS	1130 N. LAKE PARKER AVE.		6.3 STREET ADDRESS				
CITY - ST - ZIP	LAKELAND FL		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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ANTHONY B. PANZICA** *Anthony B. Panzica* 1/26/96 941-683-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)