

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737688 (2)
1. Corporation Name
LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1130 N. LAKE PARKER AVE. LAKELAND FL 33805-4756	Mailing Address 1130 N. LAKE PARKER AVE. LAKELAND FL 33805-4756
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3. Date incorporated or Qualified 12/27/1976	
4. FEI Number 59-1804125	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAC CANON, FRANCIS R
1130 N. LAKE PARKER AVE., A-210
LAKELAND FL 33805**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 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 617.0503, Florida Statutes.

SIGNATURE Francis R. Maccanon **FRANCIS R. MACCANON** 1/23/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE
NAME	GLOVER, JAMES C	1.2 NAME
STREET ADDRESS	1130 N. LAKE PARKER AVE. A-106	1.3 STREET ADDRESS
CITY-ST-ZIP	LAKELAND FL 33805	1.4 CITY-ST-ZIP
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	MINISCI, ROBERT J	2.2 NAME
STREET ADDRESS	1130 N. LAKE PARKER AVE. B-312	2.3 STREET ADDRESS
CITY-ST-ZIP	LAKELAND FL 33805	2.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE
NAME	NAGLE, JOHN J	3.2 NAME
STREET ADDRESS	1130 N. LAKE PARKER AVE. B-213	3.3 STREET ADDRESS
CITY-ST-ZIP	LAKELAND FL 33805	3.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE
NAME	HUDSON, JEFFERSON B	4.2 NAME
STREET ADDRESS	1130 N. LAKE PARKER AVE. A-120	4.3 STREET ADDRESS
CITY-ST-ZIP	LAKELAND FL 33805	4.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE
NAME	MAC CANON, FRANCIS R	5.2 NAME
STREET ADDRESS	1130 N. LAKE PARKER AVE. A-210	5.3 STREET ADDRESS
CITY-ST-ZIP	LAKELAND FL 33805	5.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME	PANZICA, ANTHONY B	6.2 NAME
STREET ADDRESS	1130 N. LAKE PARKER AVE. B-315	6.3 STREET ADDRESS
CITY-ST-ZIP	LAKELAND FL 33805	6.4 CITY-ST-ZIP

SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.1 TITLE
BLANTON, VIRGINIA	1.2 NAME
1130 N. LAKE PARKER AVE. A-302	1.3 STREET ADDRESS
LAKELAND, FL., 33805	1.4 CITY-ST-ZIP
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.1 TITLE
BUCHANAN, DELOISE	2.2 NAME
1130 N. LAKE PARKER AVE. -A-207	2.3 STREET ADDRESS
LAKELAND, FL., 33805	2.4 CITY-ST-ZIP
D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE
NAGLE, JOHN J.	3.2 NAME
1130 N. LAKE PARKER AVE. B-213	3.3 STREET ADDRESS
Lakeland fl 33805	3.4 CITY-ST-ZIP
D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE
HUDSON, JEFFERSON B	4.2 NAME
1130 N. LAKE PARKER AVE. -A-310	4.3 STREET ADDRESS
LAKELAND, FL., 33805	4.4 CITY-ST-ZIP
PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE
MAC CANON, FRANCIS R	5.2 NAME
1130 N. LAKE PARKER AVE. A-210	5.3 STREET ADDRESS
LAKELAND, FL., 33805	5.4 CITY-ST-ZIP
VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.1 TITLE
CALDWELL, ROY	6.2 NAME
1130 N. LAKE PARKER AVE. B-218	6.3 STREET ADDRESS
LAKELAND, FL., 33805	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)(t), 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: Francis R. Maccanon **FRANCIS R. MACCANON** 1/23/98 (941)688-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064832

CR2E037 (10/97)