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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737688

1. Corporation Name

LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1130 N. LAKE PARKER AVE. LAKELAND FL 33805-4756	1130 N. LAKE PARKER AVE. LAKELAND FL 33805-4756

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/27/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1804125 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 CALDWELL, ROY
82 Street Address (P.O. Box Number is Not Acceptable) 1130 N.LAKE PARKER AVE.-B-218
83
84 City LAKELAND **FL** 85 Zip Code 33805

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 Roy Caldwell Roy Caldwell 1-28-99
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	TD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	GLOVER, JAMES C		1.2 NAME	LEMOIGNE, EMILE J.	
STREET ADDRESS	1130 N. LAKE PARKER AVE. A-106		1.3 STREET ADDRESS	1130 N.LAKE PARKER AVE. B-212	
CITY-ST-ZIP	LAKELAND FL 33805		1.4 CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	BLANTON, VIRGINIA		2.2 NAME	GLENN, STUART A.	
STREET ADDRESS	1130 N LAKE PARKER AVE, A-302		2.3 STREET ADDRESS	1130 N.LAKE PARKER AVE. A-108	
CITY-ST-ZIP	LAKELAND FL 33805		2.4 CITY-ST-ZIP	LAKELAND, FL.,33805	
TITLE	D	☒ DELETE	3.1 TITLE	TD Howell, GLADYS	☐ Change ☒ Addition
NAME	NAGLE, JOHN J		3.2 NAME	HOWELL, GLADYS	
STREET ADDRESS	1130 N. LAKE PARKER AVE. B-213		3.3 STREET ADDRESS	1130 N. LAKE PARKER AVE. B-114	
CITY-ST-ZIP	LAKELAND FL 33805		3.4 CITY-ST-ZIP	LAKELAND, FL., 33805	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HUDSON, JEFFERSON B		4. 2 NAME	BUCHANAN, DELOIS	
STREET ADDRESS	1130 N. LAKE PARKER AVE. A-120		4.3 STREET ADDRESS	1130 N.LAKE PARKER AVE. A-207	
CITY-ST-ZIP	LAKELAND FL 33805		4.4 CITY-ST-ZIP	LAKELAND, FL., 33805	
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
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	VD	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	CALDWELL, ROY		6.2 NAME	CALDWELL, ROY	
STREET ADDRESS	1130 N LAKE PARKER AVE, B-218		6.3 STREET ADDRESS	1130 N. LAKE PARKER AVE. B-218	
CITY-ST-ZIP	LAKELAND FL 33805		6.4 CITY-ST-ZIP	LAKELAND, FL., 33805	

CR2E037 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY CALDWELL SIGNATURE REQUIRED Roy Caldwell 1/28/99 941-687-2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #