

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90028 024 \*\*\*\*61.25

**DOCUMENT # 737688**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1804125**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDWELL, ROY**  
 1130 N LAKE PARKER AVE  
 B-218  
 LAKELAND FL 33805

Name **LEMOIGNE, EMILE**

Street Address (P.O. Box Number is Not Acceptable)  
 1130 N. LAKE PARKER AVE. B-212

City **LAKELAND**

**FL**

Zip Code  
**33805**

8. 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

**EMILE LEMOIGNE - RPD**

*Emile Le Moigne*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
 NAME **LEMOIGNE, EMILE J**  
 STREET ADDRESS **1130 N LAKE PARKER AVE B-212**  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **PD**  Change  Addition  
 NAME **LEMOIGNE, EMILE J.**  
 STREET ADDRESS **1130 N. LAKE PARKER AVE. B-212**  
 CITY-ST-ZIP **LAKELAND, FL., 33805**

TITLE **SD**  Delete  
 NAME **GLENN, STUART A**  
 STREET ADDRESS **1130 N LAKE PARKER A-108**  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **HOWELL, GLADYS**  
 STREET ADDRESS **1130 N LAKE PARKER AVE B-114**  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BUCHANNAN, DELOIS**  
 STREET ADDRESS **1130 N LAKE PARKER AVE A-207**  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **MAC CANON, FRANCIS R**  
 STREET ADDRESS **1130 N. LAKE PARKER AVE. A-210**  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **VD**  Change  Addition  
 NAME **PANZICA, ANTHONY**  
 STREET ADDRESS **1130 N. LAKE PARKER AVE. B-315**  
 CITY-ST-ZIP **LAKELAND, FL., 33805**

TITLE **PD**  Delete  
 NAME **CALDWELL, ROY**  
 STREET ADDRESS **1130 N LAKE PARKER AVE, B-218**  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**EMILE LEMOIGNE**

*Emile Le Moigne*

2/8/00

863-686-3869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE