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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **763920** **(6)**

1. Corporation Name

LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION OF PINELLAS, INC.

Principal Place of Business	Mailing Address
3884-107TH AVENUE CLEARWATER FL 34622 US	C/O HOLIDAY ISLES PROPERTY MNGT INC 7850 ULMERTON RD STE 2 LARGO FL 34641-4057 US

3. Date Incorporated or Qualified: 06/25/1982

4. FEI Number: 59-2465126 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 7850 Ulmerton Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1
City & State 23	City & State 28 St. Petersburg
Zip 24 / Country 25	Zip 29 33771 / Country 30 Pinellas

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLIDAY ISLES PROPERTY MGT., INC. 7850 ULMERTON ROAD SUITE #2 LARGO FL 34641	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LUCEK, VALERIE		1.2 NAME		
STREET ADDRESS	3985 LAKE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JUDD, ARLENE		2.2 NAME		
STREET ADDRESS	3940 107TH AVE. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 00000		2. 4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRZEGORCZYK, JACKIE		3.2 NAME		
STREET ADDRESS	3980 108TH AVENUE NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Arlene Lucek SIGNATURE REQUIRED 1/19/98 530-4517