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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 763920

1. Corporation Name

**LAKEVILLE VILLAGE HOMEOWNERS ASSOCIATION OF PINEL
 LAS, INC.**

Principal Place of Business

7850 ULMERTON RD
 STE 1
 ST PETERSBURG FL 33771
 US

Mailing Address

C/O HOLIDAY ISLES PROPERTY MNGT INC
 7850 ULMERTON RD STE 2
 LARGO FL 34641-4057
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/25/1982

4. FEI Number

59-2465126

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

HOLIDAY ISLES PROPERTY MGT., INC.
 7850 ULMERTON ROAD
 SUITE #2
 LARGO FL 34641

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
 NAME LUCEK, VALERIE
 STREET ADDRESS 3985 LAKE BLVD
 CITY-ST-ZIP CLEARWATER FL

DELETE

TITLE PD
 NAME JUDD, ARLENE
 STREET ADDRESS 3940 107TH AVE. N.
 CITY-ST-ZIP CLEARWATER, FL 00000

DELETE

TITLE VTD
 NAME GRZEGORCZYK, JACKIE
 STREET ADDRESS 3980 108TH AVENUE NORTH
 CITY-ST-ZIP CLEARWATER FL

DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

Change Addition

D
 DECHERT, EDMUND
 3916 107TH AVE. N.
 CLEARWATER, FL 33762

Change Addition

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:

Valerie Lucek
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-530-4517

CR2E037 (1/98)