

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90021 027 \*\*\*\*61.25

DOCUMENT # **763920**

1. Entity Name

**LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION  
 OF PINELLAS, INC.**

Principal Place of Business

~~3344th St. N. #2070~~  
~~St. Petersburg, FL.~~  
~~33701~~

Mailing Address

**P.O. Box 729**  
**St. Petersburg, FL.**  
**33731-0729**  
**US**

2. Principal Place of Business

**3868 107 AVE.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**CLEARWATER, FL.**

City & State

4. FEI Number

**59-2465126**

Applied For

Not Applicable

Zip

**33762**

Country

**PINELLAS**

Zip

Country

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

Name

**JJ ERDMAN**

Street Address (P.O. Box Number is Not Acceptable)

**33 4TH St. N. Suite 2070**

City

**St. Petersburg**

FL

Zip Code

**33701**

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

*JJ Erdman*

**JJ ERDMAN-MANAGING AGENT**

**3/20/01**

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 **DP** ☐ Delete  
 NAME **ARLEEN JUDD**  
 STREET ADDRESS **3940 107TH AVE. NORTH**  
 CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☐ Delete  
 NAME **VALERIE LUCEK**  
 STREET ADDRESS **3985 LAKE BLVD.**  
 CITY-ST-ZIP **CLEARWATER, FL. 33762**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT** ☐ Delete  
 NAME **PETER SCHNURR**  
 STREET ADDRESS **3916 107TH AVE. NORTH**  
 CITY-ST-ZIP **CLEARWATER, FL. 33762**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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)(i), 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: *Arleen Judd* **ARLEEN JUDD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/01** **727-572-7767**  
 Date Daytime Phone #

CR2E037 (11/00)