

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12927 (2)

1. Corporation Name

LAKESIDE VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PO BOX 640790
BEVERLY HILLS FL 34464-0790
US

P.O. BOX 640790
BEVERLY HILLS FL 34464-0790
US

3. Date Incorporated or Qualified
01/09/1986

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2702100

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fees Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NELSON, JOHN A
2218 HWY 44 W
INVERNESS FL 34453**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	REED, WILLIAM	
STREET ADDRESS	3672 N. LAKESIDE VILLAGE DR.	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	XXX	<input type="checkbox"/> DELETE
NAME	KELBLE, JOSEPH	
STREET ADDRESS	3600 N LAURELWOOD LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BECKMAN, ROBERT	
STREET ADDRESS	3585 N. WILLOWTREE POINT	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KELBLE, CATHERINE E	
STREET ADDRESS	3600 N. LAURELWOOD LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, WILLIAM	
STREET ADDRESS	3564 N. MAPLETREE POINT	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	PAUL KERSHNER	
53 STREET ADDRESS	3590 N. WILLOWTREE POINT	
54 CITY-ST-ZIP	BEVERLY HILLS, FLORIDA 34465-3310	
61 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	WEAVER, ANN	
63 STREET ADDRESS	3593 N. LAURELWOOD LOOP	
64 CITY-ST-ZIP	BEVERLY HILLS, FLORIDA 34465-3310	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert J. Beckman
ROBERT J. BECKMAN, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 1, 1996
Date

(352) 746-1753
Daytime Phone #

CR2E037 (12/95)