FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ₽Т



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

ANNUAL REPOR
1996

N12927 DOCUMENT #

LAKESIDE VILLAGE PROPERTY OWNERS' ASSOCIATION, I

NC. Principal Place of Business Mailino Address PO BOX 640790 P.O. BOX 640790 BEVERLY HILLS FL 34464-0790 BEVERLY HILLS FL 34464-0790 3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1986 04/17/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2702100 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **NELSON, JOHN A** Street Address (P.O. Box Number is Not Acceptable) 82 2218 HWY 44 W 83 **INVERNESS FL 34453** 84 City Zip Code 85 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change REED, WILLIAM NAME 12 NAME 3672 N. LAKESIDE VILLAGE DR. STREET ADDRESS 13 STREET ADDRESS **BEVERLY HILLS FL** CITY - ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 21 TITLE Change ■ Addition PRESIDENT KELBLE, JOSEPH NAME 2.2 NAME 3600 N LAURELWOOD LOOP STREET ADDRESS 2 3 STREET ADDRESS **BEVERLY HILLS FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE Change ☐ Addition 3 1 TITLE BECKMAN, ROBERT NAME 32 NAME 3585 N. WILLOWTREE POINT STREET ADDRESS 3.3 STREET ADDRESS **BEVERLY HILLS FL** CITY-ST-ZIP 3.4 CiTY-ST-7IP DELETE TITLE SD 4.1 TITLE ☐ Change ■ Addition KELBLE, CATHERINE E NAME 4. 2 NAME 3600 N. LAURELWOOD LOOP STREET ADDRESS 4.3 STREET ADDRESS BEVERLY HILLS FL CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE ☐ Change Maddition 🌃 VD CAMPBELL, WILLIAM NAME 5 2 NAME PAUL KERSHNER 3564 N. MAPLETREE POINT 3590 N. WILLOWTREE POINT BEVERLY HILLS, FLORIDA 34465-STREET ADDRESS 5 3 STREET ADDRESS BEVERLY HILLS FL CITY-ST-ZIP 5 4 CITY - ST - ZIP 3310 DELETE TITLE 61 TITLE DIRECTOR DIRECTOR

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 chapted, or on an attachment with an applicas. Fel. 1, 1996 (352) 746-1753

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ROBERT J.

WEAVER, ANN
3593 N. LAURELWOOD LOOP
BEVERLY HILLS, FLORIDA 34465-3310

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