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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N12927

1. Corporation Name

**LAKESIDE VILLAGE PROPERTY OWNERS' ASSOCIATION, I
NC.**

Principal Place of Business

PO BOX 640790
BEVERLY HILLS FL 34464-0790
US

Mailing Address

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

115566 - 90004 - 49



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

01/09/1986

4. FEI Number

59-2702100

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

NELSON, JOHN A
2218 HWY 44 W
INVERNESS FL 34453

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 S ☒ DELETE

NAME HEFFERNAN, MARY
STREET ADDRESS 3610 N LAKESIDE VILLAGE
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE P ☐ DELETE

NAME KING, BEVERLYD
STREET ADDRESS 3614 N LAURELWOOD LOOP
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE TD ☒ DELETE

NAME BECKMAN, ROBERT
STREET ADDRESS 3585 N. WILLOWTREE POINT
CITY-ST-ZIP BEVERLY HILLS FL

TITLE SD ☐ DELETE

NAME GOSS, KENNETH
STREET ADDRESS 3640 N. LAURELWOOD LOOP
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE VDP ☒ DELETE

NAME LORENSON, ARTHUR
STREET ADDRESS 3607 N. LAURELWOOD LOOP
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY ☒ Change ☐ Addition

1.2 NAME JOHN N. MANSMANN
1.3 STREET ADDRESS 3580 N. WILLOWTREE PT.
1.4 CITY-ST-ZIP BEVERLY HILLS, FL 34465

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TREASURER ☒ Change ☐ Addition

3.2 NAME RICHARD DIGGS
3.3 STREET ADDRESS 3617 N. LONGPINE PT.
3.4 CITY-ST-ZIP BEVERLY HILLS, FL 34465

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SD ☐ Change ☒ Addition

5.2 NAME MARGOT THOMAS
5.3 STREET ADDRESS 3595 N. LONGPINE PT.
5.4 CITY-ST-ZIP BEVERLY HILLS FL 34465

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD N. DIGGS
1/4/99 (352) 527-8922

CR2E037 (11/98)