

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90137 007 \*\*\*\*61.25

**DOCUMENT # N12927**

1. Entity Name

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2702100**

Applied For

Not Applicable

Zip

Country

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

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

Name

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

City

**FL**

Zip Code

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

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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MANSMANN, JOHN</b>	
STREET ADDRESS	<b>3580 N WILLOWTREE PT</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KING, BEVERLYD</b>	
STREET ADDRESS	<b>3614 N LAUERLWOOD LOOP</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DIGGS, RICHARD</b>	
STREET ADDRESS	<b>3617 N LONGPINE POINT</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOSS, KENNETH</b>	
STREET ADDRESS	<b>3640 N. LAURELWOOD LOOP</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMAS, MARGOT</b>	
STREET ADDRESS	<b>3595 N LONGPINE POINT</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>A. PAUL KERSHNER</b>	
STREET ADDRESS	<b>3560 N. WILLOWTREE PT.</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ROBERT BECKMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3585 N. WILLOWTREE PT.</b>	
STREET ADDRESS	<b>BEVERLY HILLS, FL 34465</b>	
CITY-ST-ZIP		
TITLE	<b>EUGENE LEARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3583 N. WILLOWTREE PT</b>	
STREET ADDRESS	<b>BEVERLY HILLS, FL 34465</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Richard N. Diggs*  
 SIGNATURE

**RICHARD N. DIGGS (352)**  
**3/13/00 527-8922**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)