

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N22255 (6)**
1. Corporation Name
LAKESIDE VILLAGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business: % UNIVERSITY PROPERTIES, INC. 824 E. FLETCHER AVE. TAMPA FL 33612
Mailing Address: SMALL BUSINESS SERVICES 11726 OCEANSIDE DR. PORT RICHEY FL 34668 US

3. Date Incorporated or Qualified: **08/27/1987** 3a. Date of Last Report: **03/15/1995**

4. FEI Number: **59-2891652** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **46 Small Business Services**
21. **11726 OCEANSIDE DR.** 2a. Mailing Address: **11726 OCEANSIDE DR.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. City & State: **Port Richey** 27. City & State: **Port Richey FL**
Zip: **FL** 25. Country: **34668** 29. Country: **34668** 30. **USA**

9. Name and Address of Current Registered Agent: **LERNER, PATRICIA LEIB 600 EAST MADISON STREET TAMPA FL 33602**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFORTE, JOSEPH	1.2 NAME	
STREET ADDRESS	12830 SANDCRANE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, EDWARD	2.2 NAME	NARVIN LIEB
STREET ADDRESS	12830 SANDCRANE WAY	2.3 STREET ADDRESS	SAME 12830 SANDCRANE WAY
CITY-ST-ZIP	HUDSON FL	2.4 CITY-ST-ZIP	SAME HUDSON FL
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, WILLIAM	3.2 NAME	
STREET ADDRESS	12838 SANDCRANE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **X** *William Williamson* **3-31-96 856 7666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

11-5-96