

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90060 038 \*\*\*\*61.25

**DOCUMENT # N22255**



1. Entity Name  
**LAKESIDE VILLAGE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business  
**COMMUNITY MANAG. SERVICES, INC.**  
**8056 OLD C.R. 54**  
**NEW PORT RICHEY, FL 34653**

Mailing Address  
**COMMUNITY MANAG. SERVICES, INC.**  
**8056 OLD C.R. 54**  
**NEW PORT RICHEY, FL 34653**

**24021413**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2891652**

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

**COMMUNITY MGMT SVC, INC.**  
**C/O COMMUNITY MGMT SERVICES, INC.**  
**8056 OLD C.R. 54**  
**NEW PORT RICHEY, FL 34653**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME **PD KENNEDY, PAT**  Delete  
 STREET ADDRESS **12828 SAND CRANE WAY**  
 CITY-ST-ZIP **HUDSON, FL 34669**

TITLE  
 NAME **SD Eleni Malacos**  Change  Addition  
 STREET ADDRESS **12832 Sand Crane Way**  
 CITY-ST-ZIP **Hudson, FL 34669**

TITLE  
 NAME **STD KANE, FRANK**  Delete  
 STREET ADDRESS **12824 SAND CRANE WAY**  
 CITY-ST-ZIP **HUDSON, FL 34669**

TITLE  
 NAME **PD**  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **VD LAFORTE, JEAN**  Delete  
 STREET ADDRESS **12830 SAND CRANE WAY**  
 CITY-ST-ZIP **HUDSON, FL 34669**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 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:

*Frank L. Kane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/11/04*

Date

Daytime Phone #