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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:23

DOCUMENT # **N36764 (1)**
1. Corporation Name

LAKESIDE GARDENS HOMEOWNERS ASSN., INC.

Principal Place of Business

Mailing Address

252 LAKESIDE GARDENS
LAKE WALES FL 33853-5735

252 LAKESIDE GARDENS
LAKE WALES FL 33853
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1990	3a. Date of Last Report 04/01/1994
4. FEI Number 59-3016300	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

RABBERMAN, J VICTOR
252 LAKESIDE GARDENS
LAKE WALES FL 33853-5735

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HILLGOSS, WILLIAM
STREET ADDRESS	148 LAKESIDE GARDENS
CITY - ST - ZIP	LAKES WALES FL
TITLE	V
NAME	VANSIPE, EARL
STREET ADDRESS	196 LAKESIDE GARDENS
CITY - ST - ZIP	LAKE WALES FL
TITLE	DS
NAME	HOLDER, NORMAN
STREET ADDRESS	220 LAKESIDE GARDENS
CITY - ST - ZIP	LAKE WALES FL
TITLE	DT
NAME	RABBERMAN, J VICTOR
STREET ADDRESS	252 LAKESIDE GARDENS
CITY - ST - ZIP	LAKE WALES FL
TITLE	D
NAME	SWASEY, WALTER
STREET ADDRESS	169 LAKESIDE GARDENS
CITY - ST - ZIP	LAKE WALES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Hall
1.3 STREET ADDRESS	5301 Hwy 27 South
1.4 CITY - ST - ZIP	Lake Wales, FL, 33853
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Secretary DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pam Bloomquist
3.3 STREET ADDRESS	100 Lakeside Gardens Circle
3.4 CITY - ST - ZIP	Lake Wales, FL, 33853
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Linda Staley
5.3 STREET ADDRESS	149 Lakeside Gardens Circle
5.4 CITY - ST - ZIP	Lake Wales, FL, 33853
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing to voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: J. Victor Rabberman, J. Victor Rabberman 1/19/95 813-638-1123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)