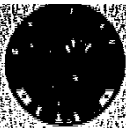


**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 12:06

DOCUMENT # 757448 (6)

1. Corporation Name

LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/07/1981** 3a. Date of Last Report **03/18/1994**

4. FEI Number **59-2172778** Applied For ☐ Not Applicable ☐

Principal Place of Business
**9301 TROWBRIDGE CT.
NEW PORT RICHEY FL 34655
US**

Mailing Address
**9301 TROWBRIDGE CT.
NEW PORT RICHEY FL 34655
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 9301 Trowbridge Ct.

22 City & State

27 Suite, Apt. #, etc.
28 City & State
New Port Richey, Fl.

23 Zip Country

29 34655 U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 119.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, ANNA M
4815 GRIST MILL CIR
NEW PORT RICHEY FL 34655**

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 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

Anna M. Klein

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

(NOTE: Registered Agent signature required when reappointing)

4/3/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SOUTHFORD, JACK D.
STREET ADDRESS	4947 GRIST MILL CIR
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	VD
NAME	HAAS, HERBERT
STREET ADDRESS	9319 WHITSTONE CT
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	S
NAME	KLEIN, ANNA M
STREET ADDRESS	4815 GRIST MILL CIR
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	GELLI, A.J.
STREET ADDRESS	9321 TROWBRIDGE CT.
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	T
NAME	DEMILIA, DORIS
STREET ADDRESS	4819 GRIST MILL CIR
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	FEALY, WILLIAM T.
STREET ADDRESS	4823 GRIST MILL CIR.
CITY - ST - ZIP	NEW PORT RICHEY FL

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	John Olekszyk	
13 STREET ADDRESS	4818 Grist Mill Cir.	
14 CITY - ST - ZIP	New Port Richey, Fl.	
21 TITLE	VD	☒ Change ☐ Addition
22 NAME	Fred Sandmann	
23 STREET ADDRESS	4951 Grist Mill Cir.	
24 CITY - ST - ZIP	New Port Richey, Fl.	
31 TITLE	S	☐ Change ☐ Addition
32 NAME	Anna M. Klein	
33 STREET ADDRESS	4815 Grist Mill Cir.	
34 CITY - ST - ZIP	New Port Richey, Fl.	
41 TITLE	D	☐ Change ☐ Addition
42 NAME	Gelli, A.J.	
43 STREET ADDRESS	9321 Trowbridge Ct.	
44 CITY - ST - ZIP	New Port Richey, Fl.	
51 TITLE	T	☐ Change ☐ Addition
52 NAME	DeMilia, Doris	
53 STREET ADDRESS	4819 Grist Mill Cir.	
54 CITY - ST - ZIP		
61 TITLE	D	☒ Change ☐ Addition
62 NAME	Southford, Jack	
63 STREET ADDRESS	4947 Grist Mill Cir.	
64 CITY - ST - ZIP	New Port Richey, Fl.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the information indicated on this annual report or supplemental annual report is true and correct; that I am an officer or director of the corporation or the receiver or trustee empowered to execute it appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Doris Demilia DORIS DEMILIA

4/5/95 813-376-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE TELEPHONE #