CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
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

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

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

2. Principal Place of Business	2a. Mailing Address
21	26 9301 Trowbridge Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 New Port Richey, Fl.
Zip 24 / Country 25	Zip 29 34655 / Country 30 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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 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 4/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	SOUTHFORD, JACK D.	12 NAME	John Olekszyk
STREET ADDRESS	4947 GRIST MILL CIR	13 STREET ADDRESS	4818 Grist Mill Cir.
CITY-ST-ZIP	NEW PORT RICHEY FL	14 CITY-ST-ZIP	New Port Richey, Fl.
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	HAAS, HERBERT	22 NAME	Fred Sandmann
STREET ADDRESS	9319 WHITSTONE CT	23 STREET ADDRESS	4951 Grist Mill Cir.
CITY-ST-ZIP	NEW PORT RICHEY FL	24 CITY-ST-ZIP	New Port Richey, Fl.
TITLE	S	31 TITLE	S ☐ Change ☐ Addition
NAME	KLEIN, ANNA M	32 NAME	Anna M. Klein
STREET ADDRESS	4815 GRIST MILL CIR	33 STREET ADDRESS	4815 Grist Mill Cir.
CITY-ST-ZIP	NEW PORT RICHEY FL	34 CITY-ST-ZIP	New Port Richey, Fl.
TITLE	D	41 TITLE	D ☐ Change ☐ Addition
NAME	GELLI, A.J.	42 NAME	Gelli, A.J.
STREET ADDRESS	9321 TROWBRIDGE CT.	43 STREET ADDRESS	9321 Trowbridge Ct.
CITY-ST-ZIP	NEW PORT RICHEY FL	44 CITY-ST-ZIP	New Port Richey, Fl.
TITLE	T	51 TITLE	T ☐ Change ☐ Addition
NAME	DEMILIA, DORIS	52 NAME	DeMilia, Doris
STREET ADDRESS	4819 GRIST MILL CIR	53 STREET ADDRESS	[illegible] Mill Cir.
CITY-ST-ZIP	NEW PORT RICHEY FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☒
NAME	FEALY, WILLIAM T.	62 NAME	Southford, Jack
STREET ADDRESS	4823 GRIST MILL CIR.	63 STREET ADDRESS	4947 Grist Mill Cir.
CITY-ST-ZIP	NEW PORT RICHEY FL	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 certify that the information indicated on this annual report or supplemental annual report is true and accu oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute t 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 — Daytime Phone #

0067844