

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N11510 (7)
1. Corporation Name
**LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION OF OKAL
OOSA COUNTY, INC.**



Principal Place of Business Mailing Address
**400 WESTLAKE CT
POST OFFICE BOX 5272. BWB
NICEVILLE FL 32578
US**

3. Date Incorporated or Qualified **10/09/1985** 3a. Date of Last Report **02/22/1995**
4. FEI Number **59-2652620** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ 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 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABBOTT REALTY SERVICES, INC.
35000 EMERALD COAST PARKWAY
DESTIN FL 32541**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **D KARIM, SHOMELA R.**
STREET ADDRESS **314 WESTLAKE CT**
CITY-ST-ZIP **NICEVILLE FL 32578**
TITLE ☐ DELETE
NAME **PD DAUGHTRY, SHEILA**
STREET ADDRESS **9533 RAINIER CIR**
CITY-ST-ZIP **NAVARRE FL 32566**
TITLE ☐ DELETE
NAME **STD CARRON, MONI**
STREET ADDRESS **301 WESTLAKE CT**
CITY-ST-ZIP **NICEVILLE FL 32578**
TITLE ☒ DELETE
NAME **~~D KELLY, DEAN~~**
STREET ADDRESS **~~201 WESTLAKE CT~~**
CITY-ST-ZIP **~~NICEVILLE FL~~**
TITLE ☐ DELETE
NAME **VPD GALLAVAN, BOB**
STREET ADDRESS **214 WESTLAKE CT**
CITY-ST-ZIP **NICEVILLE FL 32578**
TITLE ☐ DELETE
NAME **AS WALLACE, ROBERT J.**
STREET ADDRESS **601 FAIRWAY AVE**
CITY-ST-ZIP **FT. WALTON BEACH FL 32547**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **ZIP**
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **ZIP**
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **ZIP**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **ZIP**
6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **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:

Robert J. Wallace

ROBERT J. WALLACE AS

01-22-96

(904)

864-5557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)