

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 #

1. Corporation Name

**LAKESIDE VILLAGE
ON LAKE GRIFFIN
HOMEOWNERS ASSOC. Inc.
Leesburg, FL 34788**

NO2144

**4000001774164
-04/09/96--01107--019
***61.25**

Principal Place of Business

LEESBURG, FL

Mailing Address

**2261 LAKESIDE DR
LEESBURG, FL
34788**

3. Date Incorporated or Qualified

2/13/84

3a. Date of Last Report

2/95

2. Principal Place of Business

21

2a. Mailing Address

2261 LAKESIDE DR

4. FEI Number

59-2392774

Applied For

☐ Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

LEESBURG, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

34788

LAKE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PHILIP HEINTZEN
2261 LAKESIDE DR
LEESBURG, FL 34788**

10. Name and Address of New Registered Agent

**81 Name PHILIP HEINTZEN
82 Street Address (P.O. Box Number is Not Acceptable)
2261 LAKESIDE DR
83
84 City LEESBURG FL 85 Zip Code 34788**

11. Pursuant to the provisions of Sections 617.0501 and 617.0503, Florida Statutes, I, the undersigned, being a duly authorized officer or director of the above named corporation, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, to the Department of State, Division of Corporations. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Philip Heintzen**

3/14/96

Signature typed or printed name of registered agent (if applicable)

(Print) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 CHANGE <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/>
P	PRESIDENT	ROLAN LEWIS	3320 DALE ST LEESBURG, FL 34788	
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	25 CHANGE <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/>
S	SECRETARY	JUDI REID	1230 GROVE DR LEESBURG, FL 34788	
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	35 CHANGE <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/>
T	PHILIP HEINTZEN	2261 LAKESIDE DR LEESBURG, FL 34788		
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	45 CHANGE <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/>
D	ED RUEHL	2340 LAKESIDE DR LEESBURG, FL 34788		
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	55 CHANGE <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/>
D	JIM MCNEILY	3335 DALE ST LEESBURG, FL 34788		
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	65 CHANGE <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/>
D	JACK CLARK	3354 DALE ST LEESBURG, FL 34788		

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: **Philip Heintzen**

PHILIP HEINTZEN

3/14/96

352-323-0712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)