


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **757448** (6)

1. Corporation Name

LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 9301 TROWBRIDGE CT NEW PORT RICHEY FL 34655 US	Mailing Address 9301 TROWBRIDGE CT NEW PORT RICHEY FL 34655 US
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3. Date Incorporated or Qualified
04/07/1981

4. FEI Number
59-2172778

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**OLEKSZYK, JOHN L
4818 GRIST MILL CIRCLE
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 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	PD	<input type="checkbox"/> DELETE
NAME	OLEKSZYK, JOHN	
STREET ADDRESS	4818 GRIST MILL CIR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAAS, HERNERT	
STREET ADDRESS	9319 WHITSTONE CT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TREFRY, WILLIAM A	
STREET ADDRESS	4957 GRIST MILL CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BONARO, ERNEST	
STREET ADDRESS	4933 GRISTMILL CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DEMILIA, LOUIS	
STREET ADDRESS	4819 GRISTMILL CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOUTHFORD, JACK	
STREET ADDRESS	4947 GRIST MILL CIR	
CITY-ST-ZIP	NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature] **COMPEDED**

1/21/98

813-376-1111

CR2E037 (10/97)