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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

763920

(6)

LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION OF PINEL LAS, INC.

LAS, INC.											
Principal Place of Business			Mailing Address					EFEIL DEFL DIBHI	EIBIE BINSE BLUI	010(0 0 4 40	
3884-107TH AVENUE CLEARWATER FL 34622 US		C/O HOLIDAY ISLES PROPERTY MNGT INC 7850 ULMERTON RD STE 2 LARGO FL 34641-4057 US				 Date Incorporated or Qualif 06/25/1982 FEI Number 59-2465126 	ied		Applied For		
2. Principal F	Place of Busin	ess	2a. Mailing Address								Additional
21			7850 Ulmerton Rd.				5. Certificate of Status Desired	ı 🗆		Required	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financir	ng) Мау Ве	
City & State			Suite 1 City & State				Trust Fund Contribution	<u>_</u>		to Fees	
City & State			28 St. Petersburg				7. Is this nonprofit corporation a homeowners association? Yes No				
ين Zip		Country	Zip		Country			8. This corporation owes or ha			ntandible
24	<u></u>	25	29 33771	30 E	Pine	llas	5	Personal Property Tax due	•		No No
	9. Name	and Address of Current I	Registered Agent			,		10. Name and Address of Nev	v Registere	d Agent	
					81	Name		i.			
HOLIDAY ISLES PROPERTY MGT., INC. 7850 ULMERTON ROAD			82 Street Add			Addres	ess (P.O. Box Number is Not Acceptable)				
SUITE :		IOAD			83			•	• • • • • • • • • • • • • • • • • • • •		
	FL 34641				84	City				. 85 Zir	o Code
						_			F	┗╵╎	
11. Pursuant office or i	to the provision registered ago	ons of Sections 617.0502 a ent, or both, in the State of	and 617.1508, Florida Stati Florida, Such change was	utes, the	e above rized by	e-named the corp	corpor	ation submits this statement for the statement for the statement of directors. I hereby a	he purpose ccept the ap	of changing opointment a	its registered as registered
agent. i a	am tamılıar wit	h, and accent the obligation	and at Spettan 617 0503 F								
		,	ona on, oscilon o 17.0000, 1	riorida (Statutes	3.		•			
SIGNATURE		or printed name of registered agent a						when reinstating)	DATE		
			and title if applicable. (NC	OTE: Regis					DATE		
SIGNATURE		or printed name of registered agent a	and title if applicable. (NC	OTE: Regis	stered Age			when reinstating)	DATE		DRS <u>IN</u> 12
SIGNATURE	Signature, typed of SD LUCEK,	or printed name of registered agent of OFFICERS AND I	and title if applicable. (NC	OTE: Regis	stered Age			when reinstating)	DATE	ND DIRECTO	DRS <u>IN</u> 12
SIGNATURE 12. TITLE	SIgnature, typed of SD LUCEK, 3985 LA	or printed name of registered agent of OFFICERS AND I VALERIE KE BLVD	and title if applicable. (NC	OTE: Regis	stered Age 13.	ent signature		when reinstating)	DATE	ND DIRECTO	DRS <u>IN</u> 12
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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 inclicated 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:

530-4517

FILED

Feb 03 1998 8:00am

Secretary of State