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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757448

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/07/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2172778

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLEKSYK, JOHN L
4818 GRIST MILL CIRCLE
NEW PORT RICHEY FL 34655

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME OLEKSYK, JOHN
STREET ADDRESS 4818 GRIST MILL CIR
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME HAAS, HERNERT
STREET ADDRESS 9319 WHITSTONE CT
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME TREFRY, WILLIAM A
STREET ADDRESS 4957 GRIST MILL CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BONARO, ERNEST
STREET ADDRESS 4933 GRISTMILL CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME DEMILIA, LOUIS
STREET ADDRESS 4819 GRISTMILL CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SOUTHFORD, JACK
STREET ADDRESS 4947 GRIST MILL CIR
CITY-ST-ZIP NEW PORT RICHEY FL

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

John L. Oleksyk **JOHN L. OLEKSYK** 1/26/99 727 3263602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)