

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757448

1. Entity Name.

LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90201 007 ****61.25

Principal Place of Business

9301 TROWBRIDGE CT
NEW PORT RICHEY FL 34655
US

Mailing Address

9301 TROWBRIDGE CT
NEW PORT RICHEY FL 34655-1321
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2172778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME V.D. MCGOWAN, JOHN
STREET ADDRESS 4974 GRISTMILL CIR
CITY-ST-ZIP NEW PORT RICHEY, FLA 34655

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

TITLE ☐ Change ☒ Addition
NAME SRIEBER, KAY
STREET ADDRESS 4927 GRISTMILL CIR.
CITY-ST-ZIP NEW PORT RICHEY, FLA 34655

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00 (727) 376 1111

Date

Daytime Phone #

CR2E037 (9/99)