

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11510

1. Entity Name

LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION OF OKAL

Principal Place of Business

501 WESTLAKE COURT
POST OFFICE BOX 5272. BWB
NICEVILLE FL 32578
US

Mailing Address

501 WESTLAKE COURT
POST OFFICE BOX 5272. BWB
NICEVILLE FL 32578
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

59-2652620

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

ABBOTT REALTY SERVICES, INC.
35000 EMERALD COAST PARKWAY
DESTIN FL 32541

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 NAME STREET ADDRESS CITY-ST-ZIP	STD LABEE, SHOMELAR 23 SUNSET BRIDGE DRIVE SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EGK, FRANCIS 2031 DELA VAN DRIVE SAINT LOUIS MO 63121	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B STD BALL, STEPHEN J. 210 SOUTHLAKE CT. NICEVILLE FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LABEE, CHARLES J 23 SUNSET BRIDGE COURT SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLER, CAROL 110 RAINTREE BLVD. NICEVILLE FL 32578	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WALLACE, ROBERT J 41 COUNTRY CLUB ROAD SHALIMAR FL 32579	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALIOTTA, JOHN G. 361 WEST LAKE COURT NICEVILLE FL 32578	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARLER, MARTIN 201 SOUTHLAKE COURT NICEVILLE FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD 921 BACK SPIN COURT NEWPORT NEWS, VA 23602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Matthew MacLure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

(850) 897-5214

Daytime Phone #

0019576

CR2E037 (10/00)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90027 010 *****70.00

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DO NOT WRITE IN THIS SPACE