## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 27, 2002 8:00 am **DGCUMENT # 737688 Secretary of State** 1. Entity Name LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION, INC. 03-27-2002 90073 018 \*\*\*\*61.25 Principal Place of Business Mailing Address 1130 N. LAKE PARKER AVE. 1130 N. LAKE PARKER AVE. DUDAMOUU LAKELAND FL 33805-4756 LAKELAND FL 33805-4756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1804125 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LEMOIGNE, EMILE 1130 N LAKE PARKER AVE B212 LAKELAND FL 33805 City 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) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 0 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition (9/01 TITLE ☐ Delete ☐ Change TITLE NAME ELT BORGWARDT, BRUCE LEMOIGNE, EMILE J NAME 1130 N.LAKE PARKER AVE.-B-218 STREET ADDRESS 1130 N LAKE PARKER AVE B-212 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33805 CITY-ST-ZIP LAKELAND, FL., 33805 SD ☐ Addition X Delete ☐ Change TITLE. TITLE HUMPHREY, GERALD CALVIN, BARBARA NAME NAME 1130 N LAKE PARKER AVE B #314 STREET ADDRESS STREET ADDRESS 1130 N.LAKE PARKER AVE.-A-104 CITY-ST-7IP LAKELAND FL 33805 CITY-ST-7IP LAKELAND, FL., 33805 - Change \_ Addition TITLE \_\_\_ Delete TITLE HOWELL, GLADYS NAME NAME 1130 N LAKE PARKER AVE B-114 STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE **BUCHANNAN. DELOIS** NAME NAME 1130 N LAKE PARKER AVE A-207 STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITI F X Xnange PANZICA, ANTHONY PANZICA, ANTHONY NAME NAME 1130 N LAKE PARKER AVE #B315 1130 N. LAKE PARKER AV. #B-315 STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 LAKELAND, FL., 33805 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

**FILED** 

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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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.