

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90104 011 ****61.25

DOCUMENT # N11510

1. Entity Name

**LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION OF OKAL
OOSA COUNTY, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

4400 HWY 20
Suite, Apt. #, etc.
313

3. Mailing Address

Post Office Box 5272
Suite, Apt. #, etc.

City & State

Niceville, FL

Zip
32578

Country

USA

City & State

Niceville, FL

Zip

32578

Country

USA

4. FEI Number

59-2652620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Darlane Landsberger

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

4400 HWY 20 Suite 313

City

Niceville

FL

Zip Code

32578

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.

Darlane Landsberger
Darlane Landsberger

(NOTE: Registered Agent signature required when re-filing)

DATE

4-23-02

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

TITLE STD ☒ Delete
NAME LABEE, SHOMELA R
STREET ADDRESS 23 SUNSET BRIDGE DRIVE
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE D ☒ Delete
NAME PALLUTTA, JOHN G
STREET ADDRESS 301 WEST LAKE CRT
CITY-ST-ZIP NICEVILLE FL 32578

TITLE D ☒ Delete
NAME BALL, STEPHEN J.
STREET ADDRESS 210 SOUTHLAKE CT.
CITY-ST-ZIP NICEVILLE FL 32578

TITLE VPD ☒ Delete
NAME LABEE, CHARLES J
STREET ADDRESS 23 SUNSET BRIDGE COURT
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE D ☒ Delete
NAME MARLGR, CAROL
STREET ADDRESS 119 RAINTREE BLVD.
CITY-ST-ZIP NICEVILLE FL 32578

TITLE AS ☒ Delete
NAME WALLACE, ROBERT J
STREET ADDRESS 41 COUNTRY CLUB ROAD
CITY-ST-ZIP SHALIMAR FL 32579

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD: ☐ Change ☒ Addition
NAME McDonald, Don
STREET ADDRESS 106 Westlake Court
CITY-ST-ZIP Niceville, FL 32578

TITLE VPD ☐ Change ☒ Addition
NAME Bennett, Ron
STREET ADDRESS 301 Southlake Court
CITY-ST-ZIP Niceville, FL 32578

TITLE STD ☒ Change ☐ Addition
NAME Pallotta, John
STREET ADDRESS 301 Westlake Court
CITY-ST-ZIP Niceville, FL 32578

TITLE D ☐ Change ☒ Addition
NAME Lombardi, Joseph
STREET ADDRESS 2367 Jowett Place
CITY-ST-ZIP Rahway, NY 07065

TITLE D ☐ Change ☒ Addition
NAME Phillips, Bill
STREET ADDRESS PO Box 3353
CITY-ST-ZIP Cookeville, TN 38502

TITLE AS: ☐ Change ☒ Addition
NAME Landsberger, Darlane
STREET ADDRESS 4400 Highway 20, Suite 313
CITY-ST-ZIP Niceville, FL 32578

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

Darlane Landsberger
Darlane Landsberger

Date

Daytime Phone #

CR2E037 (9/01)