

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757448**

1. Entity 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**



01262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2172778**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fees Required**

**6. Name and Address of Current Registered Agent**

**SLATTERY, RAYMOND A  
4960 GRIST MILL CIR  
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BURTON, JOHN  
9320 TROWBRIDGE CT  
NEW PORT RICHEY, FL 34655**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FORTUIN, AGNES  
4958 GRIST MILL CIR  
NEW PORT RICHEY, FL 34655**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
RIEBER, KAY  
4927 GRISTMILL CIRCLE  
NEW PORT RICHEY, FL 34655**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SLATTERY, RAYMOND  
4960 GRIST MILL  
NEW PORT RICHEY, FL 34655**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LEVESQUE, ROGER T  
4801 GRIST MILL CIRCLE  
NEW PORT RICHEY, FL 34655**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BENORO, ERNIE  
4933 GRIST MILL  
NEW PORT RICHEY, FL 34655**

000000058195  
02/20/04-80020-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

**2/17/04-372-7024**