

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90043 022 \*\*\*\*61.25

**DOCUMENT # 737688**

1. Entity Name

LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1130 N. LAKE PARKER AVE.  
LAKELAND FL 33805-4756

Mailing Address

1130 N. LAKE PARKER AVE.  
LAKELAND FL 33805-4756

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

59-1804125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEMOIGNE, EMILE  
1130 N LAKE PARKER AVE  
B212  
LAKELAND FL 33805

7. Name and Address of New Registered Agent

Name

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

City

BORGWARDT, BRUCE  
1130 N. LAKE PARKER AVE  
B 218  
LAKE LAND, FL 33805

Zip Code

33805

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MAR 1 / 04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEMOIGNE, EMILE J	
STREET ADDRESS	1130 N LAKE PARKER AVE B-212	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SUMMERS, ALVINA	
STREET ADDRESS	1130 N. LAKE PARKER AVE	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOWELL, GLADYS	
STREET ADDRESS	1130 N LAKE PARKER AVE B-114	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BORGWARDT, BRUCE	
STREET ADDRESS	1130 N LAKE PARKER AVE B-218	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PANZICA, ANTHONY	
STREET ADDRESS	1130 N LAKE PARKER AVE #B315	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGWARDT, BRUCE	
STREET ADDRESS	1130 N. LAKE PARKER AVE B 218	
CITY-ST-ZIP	LAKE LAND, FL 33805	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY PANZICA	
STREET ADDRESS	1130 N. LAKE PARKER AVE B315	
CITY-ST-ZIP	LAKE LAND, FL 33805	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNOR, RON	
STREET ADDRESS	1130 N. LAKE PARKER AVE B 215	
CITY-ST-ZIP	LAKE LAND, FL 33805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*[Signature]*  
GLADYS M HOWELL

*[Signature]*  
GLADYS M HOWELL

Date

Daytime Phone #

MAR 1 / 04 863 683-5615