

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90055 042 ****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**

50006286



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005

Chg-NP

CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

**BORGWARDT, BRUCE
1130 N LAKE PARKER AVE.
B218
LAKELAND, FL 33805**

Name **Borgdott, William**

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

1130 N. LAKE PARKER AVE B211

LAKELAND

33805

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

SIGNATURE **William Borgdott, Pres.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-21-05**

**Filing Fee is \$61.25
Due by May 1, 2005**

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** ☒ Delete
NAME **BORGWARDT, BRUCE**
STREET ADDRESS **1130 N LAKE PARKER AVE., B218**
CITY-ST-ZIP **LAKELAND, FL 33805**

TITLE **SD** ☒ Delete
NAME **SUMMERS, ALVINA**
STREET ADDRESS **1130 N. LAKE PARKER AVE**
CITY-ST-ZIP **LAKELAND, FL 33805**

TITLE **TD** ☐ Delete
NAME **HOWELL, GLADYS M**
STREET ADDRESS **1130 N LAKE PARKER AVE B-114**
CITY-ST-ZIP **LAKELAND, FL 33805**

TITLE **VD** ☒ Delete
NAME **PANZICA, ANTHONY**
STREET ADDRESS **1130 N LAKE PARKER AVE., B315**
CITY-ST-ZIP **LAKELAND, FL 33805**

TITLE **D** ☒ Delete
NAME **O'CONNOR, RON**
STREET ADDRESS **1130 N LAKE PARKER AVE., B215**
CITY-ST-ZIP **LAKELAND, FL 33805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **William Borgdott**
STREET ADDRESS **1130 N. LAKE PARKER AVE B211**
CITY-ST-ZIP **LAKELAND, FL 33805**

TITLE **SD** ☐ Change ☒ Addition
NAME **HUDSON, GAYLE O.**
STREET ADDRESS **1130 N. LAKE PARKER AVE**
CITY-ST-ZIP **LAKELAND, FL 33805 A310**

TITLE **TD** ☐ Change ☐ Addition
NAME **HOWELL, GLADYS M**
STREET ADDRESS **1130 N. LAKE PARKER AVE B114**
CITY-ST-ZIP **LAKELAND, FL 33805**

TITLE **VD** ☐ Change ☒ Addition
NAME **Gress, Michael**
STREET ADDRESS **1130 N. LAKE PARKER AVE**
CITY-ST-ZIP **LAKELAND, FL 33805 B318**

TITLE **D** ☐ Change ☒ Addition
NAME **Buchanan, Daisy Dehors**
STREET ADDRESS **1130 N. LAKE PARKER AVE A207**
CITY-ST-ZIP **LAKELAND, FL 33805**

TITLE ☐ Change ☐ 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:

Gladys M. Howell, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **JAN 21 2005**
Daytime Phone # **863 683-5615**