

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|                                                                                         |                                                                            |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>DOCUMENT # 763920</b>                                                                |                                                                            |
| 1. Entity Name<br><b>LAKE SIDE VILLAGE HOMEOWNERS ASSOCIATION OF<br/>PINELLAS, INC.</b> |                                                                            |
| Principal Place of Business<br><b>3868 107 AVE.<br/>CLEARWATER, FL 33762 US</b>         | Mailing Address<br><b>P.O BOX 729<br/>ST. PETERSBURG, FL 33731-0729 US</b> |



03212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                     |                                                        |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2465126</b>                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |                                                        |

|                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>ERDMAN, J J<br/>696 1ST AVE. NORTH<br/>STE. 102<br/>SAINT PETERSBURG, FL 33701</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------|

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

| 10. OFFICERS AND DIRECTORS                         |                                                                               |
|----------------------------------------------------|-------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br><b>BOWER, RICHARD<br/>3807 107TH AVE N<br/>CLEARWATER, FL 33762</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br><b>NIEDERMEIR, JANET<br/>3869 107TH AVE. N<br/>CLEARWATER, FL 33762</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br><b>JUDD, ARLENE<br/>3840 107TH AVE. NORTH<br/>CLEARWATER, FL 33762</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               |

000000336840  
04/27/05-80143-023 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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_