

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 8:00 am
Secretary of State

01-18-2007 90091 038 ****61.25

DOCUMENT # 763920

1. Entity Name
**LAKE SIDE VILLAGE HOMEOWNERS ASSOCIATION OF
PINELLAS, INC.**



Principal Place of Business
**3868 107 AVE.
CLEARWATER, FL 33762 US**

Mailing Address
**P.O BOX 729
ST. PETERSBURG, FL 33731-0729 US**

66003970



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2465126

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ERDMAN, J J
696 1ST AVE. NORTH
STE. 102
SAINT PETERSBURG, FL 33701**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOWER, RICHARD
STREET ADDRESS	3807 107TH AVE N
CITY-STATE-ZIP	CLEARWATER, FL 33762
TITLE	SD
NAME	NIEDERMEIR, JANET
STREET ADDRESS	3869 107TH AVE. N
CITY-STATE-ZIP	CLEARWATER, FL 33762
TITLE	TD
NAME	JUDD, ARLENE
STREET ADDRESS	3940 107TH AVE. NORTH
CITY-STATE-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 liquidator 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

RICHARD A. BOWER JR

3-1-07

Date

727-572-9466

Daytime Phone #