

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90075 012 \*\*\*\*61.25

<b>DOCUMENT # 757448</b>					
<b>1. Entity Name</b> LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 9301 TROWBRIDGE CT NEW PORT RICHEY, FL 34655 US			<b>Mailing Address</b> 9301 TROWBRIDGE CT NEW PORT RICHEY, FL 34655 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2172778	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SLATTERY, RAYMOND A 4960 GRIST MILL CIR NEW PORT RICHEY, FL 34655			<b>7. Name and Address of New Registered Agent</b> Name <u>LEVESQUE, ROGER T.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4801 GRIST MILL CIRCLE</u> City <u>NEW PORT RICHEY</u> FL <u>34655</u>		
<b>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.</b>  SIGNATURE <u>Robert T. Levesque</u> <span style="float: right;">4-5-7</span> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> V <b>NAME</b> BURTON, JOHN <b>STREET ADDRESS</b> 9320 TROWBRIDGE CT <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT <b>NAME</b> BURTON, JOHN <b>STREET ADDRESS</b> 9320 TROWBRIDGE CT <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> FORTUIN, AGNES <b>STREET ADDRESS</b> 4958 GRIST MILL CIR <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		<b>TITLE</b> B MEM <b>NAME</b> GRIFFITH, JOHN <b>STREET ADDRESS</b> 4909 GRIST MILL CIRCLE <b>CITY-ST-ZIP</b> NEW PORT RICHEY FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> B MEM <b>NAME</b> ZAMBORSKY, WILLIAM <b>STREET ADDRESS</b> 9334 WHITSTONE CT <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> B MEM <b>NAME</b> LEVESQUE, LOUIS <b>STREET ADDRESS</b> 9310 TROWBRIDGE COURT <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> SLATTERY, RAYMOND <b>STREET ADDRESS</b> 4960 GRIST MILL <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> B MEM <b>NAME</b> VACCARO, GUY <b>STREET ADDRESS</b> 4819 GRIST MILL CIRCLE <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> LEVESQUE, ROGER T <b>STREET ADDRESS</b> 4801 GRIST MILL CIRCLE <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34665	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> VILLAREALE, VINCENT <b>STREET ADDRESS</b> 4807 GRIST MILL CIRCLE <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VICE PRESIDENT <b>NAME</b> VILLAREALE, VINCENT <b>STREET ADDRESS</b> 4807 GRIST MILL CIRCLE <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 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.</b>					
<b>SIGNATURE:</b> <u>Robert T. Levesque</u>			<b>SIGNATURE:</b> <u>ROGER T. LEVESQUE</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-5-7</u> Daytime Phone # <u>727-375-8216</u>		