


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90195 045 \*\*\*\*70.00

<b>DOCUMENT # 737688</b>	
1. Entity Name <b>LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business 1130 N. LAKE PARKER AVE. LAKELAND, FL 33805-4756	Mailing Address 1130 N. LAKE PARKER AVE. LAKELAND, FL 33805-4756
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02162007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1804125</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>BERGDOLL, WILLIAM</b> 1130 N LAKE PARKER AVE. B211 LAKELAND, FL 33805

<b>7. Name and Address of New Registered Agent</b>	
Name <b>Helen Borgwardt</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1130 N. Lake Parker Ave. B-218</b>	
City <b>Lakeland</b>	Zip Code <b>FL 33805</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.

SIGNATURE Helen Borgwardt, President

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

(NOTE: Registered Agent signature required when registering)

DATE

*Helen Borgwardt 4/13/07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>BERGDOLL, WILLIAM</b> 1130 NORTH LAKE PARKER AVENUE #B211 LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>MCCORRISTON, LUCILLE</b> 1130 N LAKE PARKER AVE B-212 LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>HAYHURST, GERALD WSR</b> 1130 N LAKE PARKER AVE APT A-303 LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>GUESS, MICHAEL</b> 1130 NORTH LAKE PARKER AVENUE #B318 LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BUCHANON, DAISY D</b> 1130 NORTH LAKE PARKER AVENUE #A207 LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Helen Borgwardt</b> 1130 N. Lake Parker Av. B-218 Lakeland, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Robert Ludden</b> 1130 N. Lake Parker Av. B-217 Lakeland, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gayle Hudson</b> 1130 N. Lake Parker Av. A-310 Lakeland, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Thomas Sample</b> 1130 N. Lake Parker Av. B-115 Lakeland, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DeLois Buchanan</b> 1130 N. Lake Parker Av. A-207 Lakeland, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Helen Borgwardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Helen Borgwardt 4/13/07 (863) 682-4003*

Date

Daytime Phone #