

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90360 016 \*\*\*150.00

**DOCUMENT # P04000050416**

1. Entity Name  
LAKESIDE VILLAGE PARTNERS, INC.



Principal Place of Business  
211 N. RIDGEWOOD AVE  
200  
DAYTONA BCH, FL 32114

Mailing Address  
211 N. RIDGEWOOD AVE  
200  
DAYTONA BCH, FL 32114



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number  
02-0719080

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SAXON, BERNICE S ESQ.  
201 E KENNEDY BLVD STE 600  
TAMPA, FL 33602

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	FRAZIER, SONYA C
STREET ADDRESS	21 N. RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VP
NAME	KELLY, CHRISTOPHER
STREET ADDRESS	211 N. RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BCH, FL 32114
TITLE	C
NAME	KRETZER, JOHN
STREET ADDRESS	211 N. RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BCH, FL 32114
TITLE	P
NAME	SAMPSON, LILLIAN D
STREET ADDRESS	211 N. RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BCH, FL 32114
TITLE	C
NAME	COURTNEY, ROBIN A
STREET ADDRESS	211 N. RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BCH, FL 32114
TITLE	S
NAME	GAMBLE, JOYOURS
STREET ADDRESS	211 N. RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BCH, FL 32114

**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 trustee empowered to execute this report as required by Chapter 607, 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:** GREGORY A. HEARD Gregory A. Heard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08  
Date

386-253-5653  
Daytime Phone #

For Joyours Gamble