

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22255

FILED
Apr 21, 2009
Secretary of State

Entity Name: LAKESIDE VILLAGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-2891652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAFORTE, JEAN
Address: 12830 SAND CRANE WAY
City-St-Zip: HUDSON, FL 34669

Title: T () Delete
Name: MERCER, HAROLD
Address: 12836 SAND CRANE WAY
City-St-Zip: HUDSON, FL 34669

Title: VD () Delete
Name: LAFORTE, JEAN
Address: 12830 SAND CRANE WAY
City-St-Zip: HUDSON, FL 34669

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARQUIS, VIRGINIA
Address: 12832 SAND CRANE WAY
City-St-Zip: HUDSON, FL 34669

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SCHOENEBERG, JUDITH
Address: 12828 SAND CRANE WAY
City-St-Zip: HUDSON, FL 34669

Title: D () Change (X) Addition
Name: BERMUDEZ, CARMEN
Address: 12831 SAND CRANE WAY
City-St-Zip: HUDSON, FL 34669

Title: D () Change (X) Addition
Name: HESS, EVELYN
Address: 12833 SAND CRANE WAY
City-St-Zip: HUDSON, FL 34669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA MARQUIS

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date