

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757448

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9301 TROWBRIDGE CT  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

9301 TROWBRIDGE CT  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

**FEI Number:** 59-2172778      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVESQUE, ROGER T  
4801 GRIST MILL CIRCLE  
NEW PORT RICHEY, FL 34655 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: S  
Name: FORTUIN, AGNES  
Address: 4958 GRIST MILL CIR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: BM  
Name: LEVESQUE, LOUIS  
Address: 9310 TROWBRIDGE COURT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: P  
Name: LEVESQUE, ROGER T  
Address: 4801 GRIST MILL CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34665

Title: VP  
Name: SCHIFFER, TONY  
Address: 9327 WHITSTONE CT  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: ROGER LEVESQUE

PRES

03/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date