

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90286 011 \*\*\*\*61.25

**DOCUMENT # N11510**

1. Entity Name

**LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION OF OKAL  
OOSA COUNTY, INC.**



Principal Place of Business

**501 WESTLAKE COURT  
POST OFFICE BOX 5272. BWB  
NICEVILLE FL 32578  
US**

Mailing Address

**501 WESTLAKE COURT  
POST OFFICE BOX 5272. BWB  
NICEVILLE FL 32578  
US**

2. Principal Place of Business

**4400 HWY 20 E**

Suite, Apt. #, etc.

**SUITE 313**

3. Mailing Address

**P.O. BOX 5272**

Suite, Apt. #, etc.



**XX** CHECK HERE IF MAKING CHANGES

City & State

**NICEVILLE FL**

City & State

**NICEVILLE FL**

4. FEI Number **59-2652620**

Applied For

Not Applicable

Zip  
**32578**

Country  
**USA**

Zip  
**32578**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**ABBOTT REALTY SERVICES, INC.  
35000 EMERALD COAST PARKWAY  
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name  
**LANDSBERGER, DARLANE**  
Street Address (P.O. Box Number is Not Acceptable)  
**4400 HWY 20 E**  
**SUITE 313**  
City  
**NICEVILLE** **FL** Zip Code  
**32578**

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]* **Darlane Landsberger**

**4-22-03**

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LABEE, SHOMELA R</b>	
STREET ADDRESS	<b>23 SUNSET BRIDGE DRIVE</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PALLUTTA, JOHN G</b>	
STREET ADDRESS	<b>301 WEST LAKE CRT</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BALL, STEPHEN J.</b>	
STREET ADDRESS	<b>210 SOUTHLAKE CT.</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LABEE, CHARLES J</b>	
STREET ADDRESS	<b>23 SUNSET BRIDGE COURT</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARLGR, CAROL</b>	
STREET ADDRESS	<b>119 RAIN TREE BLVD.</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WALLACE, ROBERT J</b>	
STREET ADDRESS	<b>41 COUNTRY CLUB ROAD</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCDONALD, DONALD</b>	
STREET ADDRESS	<b>106 WESTLAKE COURT</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENNETT, RON</b>	
STREET ADDRESS	<b>1403 PEARL S BUCK</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PHILLIPS, BILL</b>	
STREET ADDRESS	<b>3793 MISTY WAY</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LANDSBERGER, DARLANE</b>	
STREET ADDRESS	<b>4400 HWY 20 E SUITE 313</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]* **SIGNATURE**

**4/22/2003 250/897-2579**

CR2E037 (10/02)