

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757448

**Entity Name:** LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**9301 TROWBRIDGE CT  
NEW PORT RICHEY, FL 34655**Current Mailing Address:**9301 TROWBRIDGE CT  
NEW PORT RICHEY, FL 34655 US**FEI Number:** 59-2172778**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEVESQUE, ROGER T  
4801 GRIST MILL CIRCLE  
NEW PORT RICHEY, FL 34655 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	GALIPAULT, JOANNE
Address	4803 GRIST MILL CIRCLE
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	VP
Name	SANDOR, TED
Address	4939 GRIST MILL CIRCLE
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	TREASURER
Name	SANDOR, TED
Address	4939 GRIST MILL CIRCLE
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	AT-LARGE BOARD MEMBER
Name	ANDERSON, SUSAN
Address	9318 TROWBRIDGE CT
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	AT-LARGE BOARD MEMBER
Name	SLATKOWSKI, ANNA
Address	4901 GRIST MILL CIRCLE
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	AT-LARGE BOARD MEMBER
Name	WARGA, GEORGE
Address	4937 GRIST MILL CIRCLE
City-State-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:** JOANNE GALIPAULT**SECRETARY****04/13/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date