

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763920

Entity Name: LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION OF PINELLAS, INC.**FILED**
Jan 17, 2017
Secretary of State
CC9929748176**Current Principal Place of Business:**901 N. HERCULES AVE. SUITE A
CLEARWATER, FL 33765**Current Mailing Address:**901 N. HERCULES AVE, SUITE A
CLEARWATER, FL 33765 US**FEI Number: 59-2465126****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COMMONS, BENJAMIN B
901 N. HERCULES AVE., SUITE A
CLEARWATER, FL 33765 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: BENJAMIN B. COMMONS****01/17/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SD
Name	WOOLARD, MARY ELLEN
Address	901 N. HERCULES AVE., SUITE A
City-State-Zip:	CLEARWATER FL 33765

Title	PRESIDENT
Name	SCHERPF, STEPHEN
Address	3834 108TH AVE. N.
City-State-Zip:	CLEARWATER FL 33762

Title	DIRECTOR
Name	BASS, BARRY
Address	3935 LAKE BLVD. N.
City-State-Zip:	CLEARWATER FL 33762

Title	TREASURER
Name	RAPHTIS, STELLA
Address	3901 LAKE BLVD. N.
City-State-Zip:	CLEARWATER FL 33762

Title	DIRECTOR
Name	GILES, CHRIS
Address	3916 108TH AVE. N.
City-State-Zip:	CLEARWATER FL 33762

Title	DIRECTOR
Name	SWITEK, JESSE
Address	3851 108TH AVE. N.
City-State-Zip:	CLEARWATER FL 33762

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: STEPHEN SCHERPF**PRESIDENT****01/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date