

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763920

**Entity Name:** LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION OF PINELLAS, INC.**FILED**  
**Apr 26, 2014**  
**Secretary of State**  
**CC9561178721****Current Principal Place of Business:**24701 US HIGHWAY 19 N #102  
CLEARWATER, FL 33763**Current Mailing Address:**24701 US HIGHWAY 19 N #102  
CLEARWATER, FL 33763 US**FEI Number: 59-2465126****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROWDER, KAREN  
24701 US HIGHWAY 19 N #102  
CLEARWATER, FL 33763 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: KAREN BROWDER****04/26/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	FOWLER, NORMA
Address	24701 US HIGHWAY 19 N SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	TD
Name	RAPHTIS, STELLA
Address	24701 US HIGHWAY 19 N SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	SD
Name	WOOLARD, MARY ELLEN
Address	24701 US HIGHWAY 19 N SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	DIR
Name	MENNEL, CINDY
Address	24701 US HIGHWAY 19 N #102
City-State-Zip:	CLEARWATER FL 33763

Title	DIR
Name	BATES, BOB
Address	24701 US HIGHWAY 19 N #102
City-State-Zip:	CLEARWATER FL 33763

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: NORMA FOWLER****PD****04/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date