

**2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 763920

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

**FILED**  
**Oct 22, 2015**  
**Secretary of State**  
**CR0030948829**

**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**

**10/22/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FOWLER, NORMA  
Address 901 N. HERCULES AVE., SUITE A  
City-State-Zip: CLEARWATER FL 33765

Title TD  
Name RAPHTIS, STELLA  
Address 901 N. HERCULES AVE., SUITE A  
City-State-Zip: CLEARWATER FL 33765

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

Title DIR  
Name MENNEL, CINDY  
Address 901 N. HERCULES AVE., SUITE A  
City-State-Zip: CLEARWATER FL 33765

Title DIR  
Name BATES, BOB  
Address 901 N. HERCULES AVE., SUITE A  
City-State-Zip: CLEARWATER FL 33765

*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**

**PRESIDENT**

**10/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date