

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02144

**Entity Name:** LAKESIDE VILLAGE "ON LAKE GRIFFIN" HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**4165069179CC****Current Principal Place of Business:**529 VERSAILLES DRIVE  
SUITE 103  
MAITLAND, FL 32751**Current Mailing Address:**529 VERSAILLES DRIVE  
SUITE 103  
MAITLAND, FL 32751 US**FEI Number: 59-2392774****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LEE JAY COLLING & ASSOC., P.A.  
529 VERSAILLES DRIVE  
SUITE 103  
MAITLAND, FL 32751 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	P
Name	MCNEILLY, JAMES
Address	3335 E. DALE STREET
City-State-Zip:	LEESBURG FL 34788

Title	VP
Name	DOBIE, RICHARD
Address	2181 SUNSET DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	S
Name	OBERLIN, NEYSA
Address	2521 LAKESIDE DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	T
Name	BLACK, CONSTANCE
Address	1251 GROVE DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	T-2
Name	CHAMPAGNE, ALICE
Address	2321 LAKESIDE DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	DIRECTOR
Name	STONER, MICHAEL
Address	1241 GROVE DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	DIRECTOR
Name	SHANNON, DAVID
Address	1240 CITRUS DRIVE
City-State-Zip:	LEESBURG FL 34788

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: CONSTANCE BLACK****TREASURER****02/12/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date