

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02144

Entity Name: LAKESIDE VILLAGE "ON LAKE GRIFFIN" HOMEOWNERS' ASSOCIATION, INC.**FILED**
Feb 13, 2017
Secretary of State
CC1002934127**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	DIMAURO, PHIL
Address	1221 CITRUS DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	VP
Name	KERSH, JEFF
Address	2470 LAKESIDE 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	MCNEILLY, JAMES
Address	3335 E. DALE STREET
City-State-Zip:	LEESBURG FL 34788

Title	DIRECTOR
Name	CHRISTINA, BRENDA
Address	2341 LAKESIDE DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	DIRECTOR
Name	AGOSTINELLI, PAUL
Address	2231 LAKESIDE 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 K. BLACK**TREASURER****02/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date