

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02144

Entity Name: LAKESIDE VILLAGE "ON LAKE GRIFFIN" HOMEOWNERS' ASSOCIATION, INC.**FILED**
Feb 10, 2016
Secretary of State
CC6937903578**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 STONER, MICHAEL
Address 1241 GROVE DRIVE
City-State-Zip: LEESBURG FL 34788

Title S
Name CHRISTINA, BRENDA
Address 2341 LAKESIDE 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 CHAMPAGNE, LINDA
Address 1240 LAKESIDE DRIVE
City-State-Zip: LEESBURG FL 34788

Title VP
Name KERSH, JEFF
Address 2470 LAKESIDE DRIVE
City-State-Zip: LEESBURG FL 34788

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

Title DIRECTOR
Name HASTINGS, RICHARD
Address 2371 LAKESIDE DRIVE
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name AGOSTINELLI, PAUL
Address 2231 LAKESIDE DRIVE
City-State-Zip: LEESBURG FL 34788

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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****02/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PURVIS, BONNIE
Address	3361 E. DALE STREET
City-State-Zip:	LEESBURG FL 34788