

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12927

Entity Name: LAKESIDE VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2541 N RESTON TERRACE
HERNANDO, FL 34442**Current Mailing Address:**2541 N RESTON TERRACE
HERNANDO, FL 34442 US**FEI Number:** 59-2702100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILLAGES SERVICES COOPERATIVE, INC.
2541 N RESTON TERRACE
HERNANDO, FL 34442 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:** GERALYN BOND

02/24/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ISLEIB, DOUGLAS M
Address 2541 N RESTON TERRACE
City-State-Zip: HERNANDO FL 34442

Title TREASURER
Name HANE, DONNA J
Address 2541 N RESTON TERRACE
City-State-Zip: HERNANDO FL 34442

Title VP
Name BOCCUTI, LEWIS
Address 2541 N RESTON TERRACE
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR
Name ARSENAULT, MARY ELLEN
Address 2541 N RESTON TERRACE
City-State-Zip: HERNANDO FL 34442

Title PRESIDENT
Name MAY, DOUGLAS
Address 2541 N RESTON TERRACE
City-State-Zip: HERNANDO FL 34442

Title SECRETARY
Name DANIELS, FREDRICK
Address 2541 N RESTON TERRACE
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR
Name CHAMPITTO, FELIX
Address 2541 N RESTON TERRACE
City-State-Zip: HERNANDO FL 34442

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: FREDRICK DANIELS**SECRETARY**

02/24/2020

Electronic Signature of Signing Officer/Director Detail

Date