

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22255

FILED
Apr 14, 2016
Secretary of State
CC1397334929

Entity Name: LAKESIDE VILLAGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652

FEI Number: 59-2891652

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 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 PD
Name SCHOENBERG, JOHN
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP/T
Name MERCER, HAROLD
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name BERMUDEZ, CARMEN
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title D
Name HESS, EVELYN
Address 5837 TROUBLE CREEK RD.
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY
Name SCHOENEBERG, JUDY
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

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: JOHN SCHOENBERG

PRESIDENT

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date