

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22255

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC5929142761**

**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 MARQUIS, VIRGINIA  
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 SD  
Name BERMUDEZ, CARMEN  
Address 5837 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

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

Title D  
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:** VIRGINIA MARQUIS

**PRESIDENT**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date