

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050416

Entity Name: LAKESIDE VILLAGE PARTNERS, INC.**Current Principal Place of Business:**211 N. RIDGEWOOD AVE
300
DAYTONA BCH, FL 32114**Current Mailing Address:**211 N. RIDGEWOOD AVE
300
DAYTONA BCH, FL 32114**FEI Number:** 02-0719080**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAXON, BERNICE SESQ.
201 E KENNEDY BLVD STE 600
TAMPA, FL 33602 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	DIRECTOR
Name	DANIELS, KELVIN J
Address	211 N. RIDGEWOOD AVE 300
City-State-Zip:	DAYTONA BCH FL 32114

Title	DIRECTOR
Name	IVEY, HEMIS N JR
Address	211 N. RIDGEWOOD AVE 300
City-State-Zip:	DAYTONA BCH FL 32114

Title	DIRECTOR
Name	CRAWFORD, KIM BROWN
Address	211 N. RIDGEWOOD AVE 300
City-State-Zip:	DAYTONA BCH FL 32114

Title	DIRECTOR
Name	JASS, SALLY I
Address	211 N. RIDGEWOOD AVE 300
City-State-Zip:	DAYTONA BCH FL 32114

Title	DIRECTOR
Name	JAMISON, IRMA BROWN DR.
Address	211 N. RIDGEWOOD AVE 300
City-State-Zip:	DAYTONA BCH FL 32114

Title	PRESIDENT, SECRETARY
Name	BATES, TERRIL
Address	211 N. RIDGEWOOD AVE 300
City-State-Zip:	DAYTONA BCH FL 32114

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERRIL BATES**PRESIDENT****06/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date