

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719631

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** LAKESIDE HILLS ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

520 FOREST LAKE DRIVE  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

520 FOREST LAKE DRIVE  
LAKELAND, FL 33809

**New Mailing Address:**

**FEI Number:** 59-1404145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BELINSKI, JOHN  
527 CASSANDRA LN  
LAKELAND, FL 33809 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FRANKL, WILL  
Address: 817 FOREST LAKE DR  
City-St-Zip: LAKELAND, FL 33809

Title: VD  
Name: WESCOTT, JUDY  
Address: 523 CASSANDRA LN  
City-St-Zip: LAKELAND, FL 33809

Title: VD  
Name: SLOMKA, ROBERT  
Address: 808 PINE RIDGE DR  
City-St-Zip: LAKELAND, FL 33809

Title: SD  
Name: SOMMER, ROBERT  
Address: 903 CASSANDRA LN  
City-St-Zip: LAKELAND, FL 33809

Title: TD  
Name: BELINSKI, JOHN  
Address: 527 CASSANDRA LN  
City-St-Zip: LAKELAND, FL 33809

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 BELINSKI

TRES

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date