

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90023 028 ****61.25

DOCUMENT # 742240

1. Entity Name
LAKESIDE VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 5101 S.E. MILES GRANT RD
 STUART, FL 34997 US

Mailing Address
 5101 S.E. MILES GRANT RD
 STUART, FL 34997 US

24005873



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2039316

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAROS, FREDERICK
 5650 SE MILES GRANT RD
 STUART, FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
 NAME **LORD, PHILLIPA**
 STREET ADDRESS **5753 SE MILES GRANT RD.**
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** Delete
 NAME **BIGGANE, ROBERT**
 STREET ADDRESS **5560 SE MILES GRANT RD.**
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** Delete
 NAME **JAROS, FREDERICK**
 STREET ADDRESS **5650 SE MILES GRANT RD**
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** Delete
 NAME **SCHROLL, BEVERLY**
 STREET ADDRESS **5620 SE MILES GRANT RD.**
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** Delete
 NAME **HUGHES, LUCIE**
 STREET ADDRESS **5700 SE MILES GRANT RD.**
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** Delete
 NAME **CURTENIUS, RORY**
 STREET ADDRESS **5720 SE MILES GRANT RD**
 CITY-ST-ZIP **STUART, FL 34997**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frederick Jaros* **FREDERICK JAROS** 1-28-04 772-286-5771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

24005873



Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **742240**

Tracking Number: **400026565244**

The charge for your Annual Report is
\$61.25

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