## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0100003656

Entity Name

## LAKESIDE PARK AT GRAND OAKS NEIGHBORHOOD ASSOCIATION, INC.



FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90270 001 \*\*\*367.50

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Principal Place of Business 4902 EISENHOWER BLVD STE 300 TAMPA FL 33634			Mailing Address 4902 EISENHOWER BLVD STE 300 TAMPA FL 33634				55042385			
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			<del>-</del>	4. FEI Number 59-3732056 Applied For Not Applicable			
Zip	M	Country	Z	p	Country		5. Certificate of Sta		8.75 Add	ditional
	6. Name	and Address of Current	Register	ed Agent			7. Name and Add	ess of New Registered A	gent	
VALENTI, BETTY D 4902 EISENHOWER BLVD STE 380						Name Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33634									Zip Code	
					City			FL he State of Florida. I am fa		
SIGNATURE		or printed name of registered agent	and title if ap		:: Registered Agent sig npaign Financing contribution.		\$5.00 May Be Added to Fees	Make Check Florida Departr		
10. ·		OFFICERS AND DI	RECTORS	<u> </u>	11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	ECTORS IN	J 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL	NHOWER BLVD SUITE	289	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL	NHOWER BLVD SUITE	289	D <b>≸-</b> Delete	TITLE NAME STREET ADDRES: CITY-ST-ZIP	MAT "	PAULO BE LEISENHA PAFL 33	OWER BLVD	☑ Change SU∏	□ Addition TE 3.80
TITLE Name Street address City-St-Zip	DST GRANT, W 4902 EISE TAMPA FL	NHOWER BLVD SUITE	289	Delete	TITLE NAME STREET ADDRES: CITY-ST-ZIP	490	LEISENHO LEISENHO LPA, FL 3	eny Werbuo. S	Change	Addition
TITLE Name Street address City-St-Zip	,			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s			☐ Change	Addition
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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: 🙋

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4/17/03

813-901-5263