

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N02000009979



1. Entity Name
**LAKESIDE COMMUNITY
OWNERS ASSOCIATION, INC.**

FILED

06 MAY -3 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**777 S. HARBOUR ISLAND BLVD, SUITE 270
TAMPA, FL 33602**

REINSTATEMENT
NO PENALTY

2. Principal Place of Business 3. Mailing Address
777 S. HARBOUR ISLAND BLVD, 777 S. HARBOUR ISLAND BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 270 SUITE 270

City & State City & State
TAMPA, FL TAMPA, FL

Zip Country Zip Country
33602 USA 33602 USA

02272006 Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
113679975 Not Applicable

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

6. Name and Address of Current Registered Agent

N/A
F.I.C. Name

7. Name and Address of New Registered Agent

Name **CONDOMINIUM ASSOCIATES**
Street Address (P.O. Box Number is Not Acceptable)
777 S. HARBOUR ISLAND BLVD, STE 270
City **TAMPA** FL Zip Code **33602**

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 **Bonnie Parham** **BONNIE PARHAM, LCAM** **03.09.06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
PROPERTY MANAGER

Filing Fee is \$61.25
Due by May 1, 2006

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 NAME STREET ADDRESS CITY - ST - ZIP	PD VALENTI, BETTY 5439 BEAUMONT CENTER BLVD, STE 1050 TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WILSON, SHAWN 5439 BEAUMONT CENTER BLVD, STE 1050 TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CORACE, PAUL 5439 BEAUMONT CENTER BLVD, STE 1050 TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FORT, RANDY 10816 LAKESIDE VISTA DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MOLINA, AL 10602 LAKESIDE VISTA DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WELLS, THERESA 11123 LAKE TAHOE DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WATERS, JEFF. 11231 LAKE LANIER DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILREATH, DAVID 11244 LAKE LANIER DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **[Signature]** **3/18/06** **800-237-7476**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CONDOMINIUM ASSOCIATES

VIA CERTIFIED MAIL:

April 28, 2006

Ms. Annette Ramsey
Florida Department of State
Division of Corporations
Amendment Division
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Request for Reconsideration of Revocation of Dissolution
Document N02000009979**

LOCATION: Lakeside Community Owner's Association, Inc.

Dear Ms. Ramsey,

Let this letter serve as notice that on behalf of the *Lakeside Community Owner's Association*, we ask that you reconsider and accept the Articles of Revocation of Dissolution for the *Lakeside Community Owner's Association* – Document N02000009979. A complete copy of the originally sent materials, along with the 2006 Annual Report and payment for this report for this Association, is attached for your records and perusal.

The reasons we are asking for your reconsideration of this issue are as follows:

- not applicable*
1. The Articles of Revocation of Dissolution were submitted and received by the State of Florida within the 120 day time frame as mandated by the Section 617.1404, Florida State Statutes.
 2. The State of Florida cashed the \$35.00 check that accompanied the original Articles of Revocation of Dissolution sent to you in March of 2006. A copy of that cancelled check is attached.
 3. The Previous Agent of Record – Melrose Management intentionally deceived the State of Florida on the status of this Not for Profit Corporation, and intentionally had it dissolved in an act of Corporate Fraud. The removed themselves as the agent of record, then had the mail for the Corporation continue to come to one of their alternative mailing addresses. They knew who the new Agent of Record was, and new mailing address of the Corporation, yet failed to notify the State of Florida at the time they removed themselves as Agent of Record. *For that reason we feel that this was an incorrect administrative dissolution of this Not For Profit Corporation and that this action was done with malicious intent by the previous management company.* Please note the attached documentation showing an Affidavit of Mailing confirming Melrose Management's P.O. Box mailing address, and an email to the STATE of FLORIDA that confirms Melrose Managements physical mailing address and discusses the DOCUMENT N02000009979 with the State of Florida.
 4. Your attached letter is incorrect. / Alternative letters from other members in your agency are more correct, but errors were obviously made in the original submittal. Copies of both letters I received back from your agency are also attached.

Attachments Noted + Reviewed but not attached when imaged

I respectfully ask your office to please reconsider this situation, and accept the Articles of Revocation of Dissolution, along with the payment the State of Florida has already cashed, as

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proper paperwork and reinstate this Not-For-Profit Corporation. I additionally respectfully ask that you forward the 2006 Annual Report for this Association to the correct office once the Corporation has been reactivated.

We appreciate your prompt cooperation with this request. If you need further information regarding this, you may contact me at (813) 209-9300.

Sincerely,



Bonnie Parham, LCAM®
Property Manager

ON BEHALF OF THE LAKESIDE COMMUNITY OWNER'S ASSOC.

CC: Board of Directors, Owner's file



5/3/06

Per phone conversation with Bonnie Parham, the corporation did not receive the 60-day notice of intent to revoke for failure to maintain a registered agent as the corp. address was incorrect on the records of the Division of Corporations.

Reinstatement fee waived.

Susan Payne
Section Administrator/Amendment Section



See. of
D.O. of
Corp.

