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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:42

DOCUMENT # N03191 (6)

1. Corporation Name
LAKESIDE CLUB AND POOL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12606 SHADOW RIDGE BLVD. HUDSON FL 34669	12606 SHADOW RIDGE BLVD. HUDSON FL 34669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1984
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2548866 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FARINA, GASPAR M
12625 SHADOW RIDGE BLVD
HUDSON FL 34669

10. Name and Address of New Registered Agent

81 Name: William Brady
82 Street Address (P.O. Box Number is Not Acceptable): 12942 Kellywood Circle
83
84 City: Hudson FL 85 Zip Code: 34669

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William Brady, Pres 3-30-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FARINA, GASPAR M	1.2 NAME	William Brady	
STREET ADDRESS	12625 SHADOW RIDGE BLVD	1.3 STREET ADDRESS	12942 Kellywood Circle	
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	Hudson, Fl 34669	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	QUALE, KEITH	2.2 NAME		
STREET ADDRESS	12513 SHADOW RIDGE BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	WENDT, LUCILLE	3.2 NAME	Hazel Magnussen	
STREET ADDRESS	13117 MINK RUN	3.3 STREET ADDRESS	Hudson, Fl 34669	
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	12923 Kellywood Circle	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	MCLEOD, BETTY	4.2 NAME	Carol Sopko	
STREET ADDRESS	12507 SMOKEY DR	4.3 STREET ADDRESS	12908 Walnut Tree Lane	
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	Hudson, Fl 34669	
TITLE	VD	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	WACHTER, ROBERT	5.2 NAME	Rita Darcy	
STREET ADDRESS	12421 SHADOW RIDGE BLVD	5.3 STREET ADDRESS	12914 Walnut Tree Lane	
CITY-ST-ZIP	HUDSON FL	5.4 CITY-ST-ZIP	Hudson, Fl 34669	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LEROY, MARIE	6.2 NAME		
STREET ADDRESS	12738 PECAN TREE DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hazel Magnussen HAZEL MAGNUSSEN 3-25-95 (813) 856-1806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TREASURER

COMPANY