NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # NO3191 (6)  LAKESIDE CLUB AND POOL ASSOCIATION, INC.							
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	10L 0L0D / 11D 1 00L /1000				A REGISTAL BALLE BUILD STORE FOR	in kaan birah birah birin birin	
D: .: 1D:	(1)						
Principal Place of Business Mailing Address							
12606 SHADOW RIDGE BLVD. 12606 SHADOW RIDGE BLV HUDSON FL 34669 HUDSON FL 34669			BLVD.				
		1100001112 01000			3 Data language and an Outlife of	20 000 110 1	<u> </u>
					3. Date Incorporated or Qualified 05/21/1984	3a. Date of Last 04/05/1	995
Principal Place of Business     2a. Mailing Address					4. FEI Number		Applied For
21 26			-		59-2548866		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	1 1 '	Additional
City & State City & State					6. Election Campaign Financing		Required
23 28					Trust Fund Contribution		May Be d to Fees
Zip	Country Zip		Coun	try	8. This corporation has liability for intangible tax under s. 199.032,		
24	9. Name and Address of Current	29	30			Yes Mo	
	9. Name and Address of Current	Hegistered Agent		1 Name	10. Name and Address of New F	Registered Agent	
WILLIAM BRAOX					LIAM BRADY		
1294 KELLYWOOD CIRCLE				WILLIAM BRADY 2 Street Address (P.O. Box Number is Not Acceptable)			
HUDSON FL 34669				129	342 Kellywood Circl	e	
•			-				
			8	Huc	dson	FL 85 34	p.Code 1669
11. Pursuant t	to the provisions of Sections 617.0502 a	and 617.1508, Florida Statut	es, the above	a-namod co	progration pulpoits this statement for the pu	roope of phoneine its	registered office
familiar wi	ed agent, or both, in the State of Florida th, and accept the obligations of, Sectio	a. Such change was authoriz n 617.0503, Florida Statutes	ied by the co i.	rporation's	board of directors. I hereby accept the app	cintment as registered	
SIGNATURE					.·		
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re OFFICERS AND DIRECTORS			gent signature r	equired when reinstating)  ADDITIONS/CHANGES TO OF-	DATE	DOS INI 10
TITLE	55		13.		ADDITIONS OF ANGES TO GE	Change	Addition
NAME	WILLIAM BRADY	WILLIAM BRADY 1.2		1E			
STREET ADDRESS			1.3 STR	EET ADDRESS			
CITY-ST-ZIP	HUDSON FL 1,4		1.4 CITY	-ST-ZIP			
TITLE			2.1 TITL	E	0000017	Change	☐ Addition
NAME			2.2 NAN	Æ	0000017: -03/08/9601	073015	
STREET ADDRESS	12513 SHADOW RIDGE BLVD		2.3 STR	EET ADDRESS		0.0	
CITY-ST-ZIP TITLE				Y-ST-ZIP	***61,25		
NAME	LIATEL MACHICOPHI		3.1 TiTL		_ TD .	Change	Addition
STREET ADDRESS	40000 KELLANIOOD OIDOLE		3.2 NAN	eet address	Ruth J. Kavli	_	
CITY - ST - ZIP	HUDSON FL			Y-ST-ZIP	12401 Smokey Drive   Hudson, FL 34669	3	
TITLE	SO	DELETE	4.1 TITL		SD SD	<b>★</b> Change	Addition
NAME	CAROL SOPKO		4. 2 NAI	<b>ME</b>	Ruth J. Kavli		
STREET ADDRESS	12908 WALNUT TREE LANE		4.3 STR	EET ADDRESS	12401 Smokey Drive	3	
CITY-ST-ZIP	HUDSON FL		4.4 C(T)	-ST-ZIP	Hudson, FL 34669		
TITLE	VD	DELETE	5.1 TITL	E		☐ Change	Addition :
NAME	RITA DARCY		5.2 NAN			(A)	$\mathcal{K}_{1/2}$ $ Y $
STREET ADDRESS	12914 WALNUT TREE LANE HUDSON FL			EET ADDRESS		$\mathcal{I}_{\mathbf{i}}$	ا `اك
CITY - ST - ZiP TITLE	D D	DELETE	5.4 C/TY 6.1 T/TL	'-S1-ZIP		<b>X</b> Change	☐ Addition
NAME	LEROY, MARIE	CMOLLET	62 NAN		D  Elizabeth Pritabet		☐ Auditien
STREET ADDRESS	12738 PECAN TREE DR			EET ADDRESS	Elizabeth Pritchet   12740 Waterbury Av		
	THIDGON EI				i		
14. Ldo hereb	ov certify that the information supplied wi	ith this filing is voluntarily furn	ished and d	oes not aus	Hudson, FL 34669	07(2)84 Florida Status	too I further

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)(k), 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 19 changed or on an attachment with an address.

SIGNING DEFICES OF DIRECTOR

SIGNATURE:

CR2E037 (12/95)