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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N03191 (6)

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

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

Mailing Address
SAME

3. Date Incorporated or Qualified: 05/21/1984
3a. Date of Last Report: 02/26/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAM BRADY
12942 Kellywood Cir.
Hudson, FL 34669

10. Name and Address of New Registered Agent

81 Name: TIMOTHY KELLY
82 Street Address (P.O. Box Number is Not Acceptable): 12605 Palm Tree Ct.
83
84 City: Hudson FL 85 Zip Code: 34669

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0508, Florida Statutes.

SIGNATURE: T. Kelly 05/12/97 01153 019 ***61.25 4/28/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD William Brady 12942 Kellywood Cir. Hudson, FL 34669	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Timothy Kelly 12605 Palm Tree Ct. Hudson, FL 34669	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEITH QUAYLE 12513 Shadow Ridge Blvd. Hudson, FL 34669	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD Joseph Pensabene 12902 Buckhorn Dr. Hudson, FL 34669	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Rita Darcy 12914 Walnut Tree La. Hudson, FL 34669	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D EVELYN LUCA 12814 Waterbury Hudson, FL 34669	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUTH J. KAVLI 12404 Smokey Dr. Hudson, FL 34669	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	SD Agnus Prior 12165 Shadow Ridge Blvd. Hudson, FL 34669	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELIZABETH PRITCHETT 12740 Waterbury Ave. Hudson, FL 34669	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D SYLVIA GROPER 12925 Kellywood Cir. Hudson, FL 34669	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D RITA DARCY 12914 Walnut Tree La. Hudson, FL 34669	☒ Change ☐ Addition

5-6-97

14. I do 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 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: T. Kelly 4/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TIMOTHY J. KELLY