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**Mar 01, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03191**

1. Corporation Name

**LAKEIDE CLUB AND POOL ASSOCIATION, INC.**

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

Mailing Address  
12606 SHADOW RIDGE BLVD.  
HUDSON FL 34669



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/21/1984</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2548866</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	30	

**9. Name and Address of Current Registered Agent**

**KELLY, TIMOTHY**  
12605 PALM TREE COURT  
HUDSON FL 34669

**10. Name and Address of New Registered Agent**

81	Name	<b>Tim Kelly</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>12606 Palm Tree Court</b>	
83	City	<b>Hudson, FL</b>	<b>34669</b>
84	State	<b>FL</b>	85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE: *Tim Kelly* **2-1-99**  
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	<input type="checkbox"/> DELETE		1.1 TITLE	P - President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, TIMOTHY			1.2 NAME	Tim Kelly		
STREET ADDRESS	12606 SHADOW RIDGE BLVD.			1.3 STREET ADDRESS	12606 Palm Tree Court		
CITY-ST-ZIP	HUDSON FL 34669			1.4 CITY-ST-ZIP	Hudson, FL 34669		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARINA, GASPAR V			2.2 NAME			
STREET ADDRESS	12625 SHADOW RIDGE BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL 34669			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	S - Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUCA, EVELYN			3.2 NAME	Rita Darcy		
STREET ADDRESS	12814 WATERBURY			3.3 STREET ADDRESS	12914 Walnut Tree Lane		
CITY-ST-ZIP	HUDSON FL 34669			3.4 CITY-ST-ZIP	Hudson, FL 34669		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	D - Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRIOR, AGNES S			4.2 NAME	Fred Hulslander		
STREET ADDRESS	12165 SHADOW RIDGE BLVD.			4.3 STREET ADDRESS	12908 Walnut Tree Lane		
CITY-ST-ZIP	HUDSON FL 34669			4.4 CITY-ST-ZIP	Hudson, FL 34669		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D - Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROPER, SYLVIA			5.2 NAME	Widge Hulslander		
STREET ADDRESS	12925 KELLYWOOD CIRCLE			5.3 STREET ADDRESS	12613 Shadow Ridge Blvd.		
CITY-ST-ZIP	HUDSON FL 34669			5.4 CITY-ST-ZIP	Hudson, FL 34669		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D - Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DARCY, RITA			6.2 NAME	Jackie Schmitt		
STREET ADDRESS	12914 WALNUT TREE LANE			6.3 STREET ADDRESS	12804 Lake Tree Lane		
CITY-ST-ZIP	HUDSON FL 34669			6.4 CITY-ST-ZIP	Hudson, FL 34669		

14. 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 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, with all other like empowered.

SIGNATURE: *Tim Kelly* **2-1-99** **727-856-5530**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)