

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03191

1. Entity Name

LAKESIDE CLUB AND POOL ASSOCIATION, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90027 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

12606 SHADOW RIDGE BLVD.  
HUDSON FL 34669

12606 SHADOW RIDGE BLVD.  
HUDSON FL 34669-2791

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2548866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, TIMOTHY  
12606 PALM TREE COURT  
HUDSON FL 34669

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME P  
STREET ADDRESS KELLY, TIMOTHY  
CITY-ST-ZIP 12606 SHADOW RIDGE BLVD.  
HUDSON FL 34669

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME V  
STREET ADDRESS FARINA, GASPAR V  
CITY-ST-ZIP 12625 SHADOW RIDGE BLVD  
HUDSON FL 34669

TITLE ☒ Change ☐ Addition  
NAME V  
STREET ADDRESS HULSLANDER, MIDGE  
CITY-ST-ZIP 12613 SHADOW RIDGE BLVD.  
HUDSON, FL 34669

TITLE ☒ Delete  
NAME S  
STREET ADDRESS DARCY, RITA  
CITY-ST-ZIP 12914 WALNUT TREE LAEN  
HUDSON FL 34669

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS OUELETTE, CAROL  
CITY-ST-ZIP 12801 LAKE TREE LANE  
HUDSON, FL 34669

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HULSLANDER, FRED  
CITY-ST-ZIP 12908 WALNUT TREE LANE  
HUDSON FL 34669

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HULSLANDER, MIDGE  
CITY-ST-ZIP 12908 WALNUT TREE LANE  
HUDSON FL 34669

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS ROBERTS, JOYCE  
CITY-ST-ZIP 12637 SHADOW RIDGE BLVD.  
HUDSON, FL 34669-2766

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SCHMITT, JACKIE  
CITY-ST-ZIP 12908 WALNUT TREE LANE  
HUDSON FL 34669

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)