2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90052 007 ****61.25

DOCUMENT # N03191

1. Entity 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

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
DONAHUE, RONALD 12611 PECAN TREE DRIVE HUDSON FL 34669	Name: Timothy Kelly Street Address (P.O. Box Number is Not Acceptable): 12606 Palm Tree Court City: Hudson **FL** Zip Code: 34669

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: Timothy Kelly — Timothy Kelly, President — 1-22-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KELLY, TIMOTHY 12606 SHADOW RIDGE BLVD. HUDSON FL 34669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12606 PALM TREE COURT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DONAHUE, NORMA 12603 PECAN TREE DRIVE HUDSON FL 34669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ROBERTS, JOYCE (S) 12637 SHADOW RIDGE BLVD. HUDSON, FL 34669-2766
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERTS, JOYCE 12637 SHADOW RIDGE BLVD HUDSON FL 34669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition T ROBERTS, JOYCE 12637 SHADOW RIDGE BLVD. HUDSON, FL 34669-2766
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, TIMOTHY 12606 PALM TREE COURT HUDSON FL 34669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D HULSLANDER, MIDGE 12613 SHADOW RIDGE BLVD. HUDSON, FL 34669
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REDMERSKI, ROGER 2328 GOLDEN OAK CIRCLE HUDSON FL 34669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition VP CRAIG, TOM 12304 GOLDEN OAK CIRCLE HUDSON, FL 34669
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AULETTA, MARIAN 12845 WALNUT TREE LANE HUDSON FL 34669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D LANG, BILL 12049 SHADOW RIDGE BLVD. HUDSON, FL 34669

CR2E037 (9/01)

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: Joyce Roberts EQUIPE Joyce Roberts (S/T) — 1-10-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #