

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 03, 2004 08:00 AM  
Secretary of State

DOCUMENT # N03191

1. Entity Name

LAKESIDE 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

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

ROBERTS, JOYCE  
12637 SHADOW RIDGE BLVD  
HUDSON FL 34669

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME PALUMBO, NICHOLAS ☐ Delete  
STREET ADDRESS 12726 BALSAM AVENUE  
CITY-ST-ZIP HUDSON FL 34669-2823

TITLE NAME JENNY, TODD ☐ Delete  
STREET ADDRESS 12513 SHADOW RIDGE BLVD  
CITY-ST-ZIP HUDSON FL 34669-2790

TITLE NAME ROBERTS, JOYCE ☐ Delete  
STREET ADDRESS 12637 SHADOW RIDGE BLVD  
CITY-ST-ZIP HUDSON FL 34669-2766

TITLE NAME HULSLANDER, MIDGE ☐ Delete  
STREET ADDRESS 12613 SHADOW RIDGE BLVD  
CITY-ST-ZIP HUDSON FL 34669

TITLE NAME BRADY, BILL ☐ Delete  
STREET ADDRESS 12942 KELLYWOOD CIRCLE  
CITY-ST-ZIP HUDSON FL 34669-2793

TITLE NAME LANG, BILL ☒ Delete  
STREET ADDRESS 12049 SHADOW RIDGE BLVD  
CITY-ST-ZIP HUDSON FL 34669

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000029951  
CITY-ST-ZIP 02/04/04-80089-010 61.25

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

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

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

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

TITLE NAME Jackie Schmitt ☐ Change ☒ Addition  
STREET ADDRESS 12804 Lake Tree Lane  
CITY-ST-ZIP HUDSON, FL 34669

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 Joyce Roberts

1-29-04 727 856-4459