

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90059 043 ****61.25

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

7. Name and Address of New Registered Agent

ROBERTS, JOYCE
12637 SHADOW RIDGE BLVD
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. 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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **LANG, BILL**
STREET ADDRESS **12804 LAKE TREE LANE**
CITY-ST-ZIP **HUDSON FL 34669**

TITLE **D** ☒ Change ☐ Addition
NAME **KELLY, TIMOTHY**
STREET ADDRESS **12606 PALM TREE COURT**
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

2-9-05

(727) 856-4459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #