

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90007 017 *****61.25

DOCUMENT # N03191

1. Entity Name
LAKESIDE CLUB AND POOL ASSOCIATION, INC.



Principal Place of Business
**12606 SHADOW RIDGE BLVD.
HUDSON, FL 34669-2791**

Mailing Address
**12606 SHADOW RIDGE BLVD.
HUDSON, FL 34669-2791 US**

40000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182007 Chg-NP CR2E037 (12/06)

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

**PETRASHEK, JOHN L
12338 GOLDEN OAK CIRCLE
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

**Filing Fee is \$61.25
Due by May 1, 2007**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MAY, C.A.	
STREET ADDRESS	12520 SHADOW RIDGE BLVD	
CITY-ST-ZIP	HUDSON, FL 34562	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROSSI, LOU	
STREET ADDRESS	12645 SHADOW RIDGE BLVD	
CITY-ST-ZIP	HUDSON, FL 32562	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DINGMAN, JAMES	
STREET ADDRESS	12328 GOLDEN OAK CIRCLE	
CITY-ST-ZIP	HUDSON, FL 32562	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, JOYCE	
STREET ADDRESS	12637 SHOW RIDGE BLVD	
CITY-ST-ZIP	HUDSON, FL 33562	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BRADY, WILLIAM	
STREET ADDRESS	12801 LAKE TREE LANE	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	TRUS	<input checked="" type="checkbox"/> Delete
NAME	PETRASHEK, JOHN	
STREET ADDRESS	12338 GOLDEN OAK CIRCLE	
CITY-ST-ZIP	HUDSON, FL 34669	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADY, WILLIAM	
STREET ADDRESS	12801 LAKE TREE LN	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEARDT, JOHN	
STREET ADDRESS	12601 SHADOW RIDGE BLVD	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, PAULINE	
STREET ADDRESS	12417 SHADOW RIDGE BLVD	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIMSON, MARYANNE	
STREET ADDRESS	12420 GOLDEN OAK CIRCLE	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUELLETTE, CAROL	
STREET ADDRESS	12802 LAKE TREE LANE	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AULETTA, MARION	
STREET ADDRESS	12845 WALNUT TREE	
CITY-ST-ZIP	HUDSON, FL 34669	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #