

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03191

FILED
Mar 15, 2009
Secretary of State

Entity Name: LAKESIDE CLUB AND POOL ASSOCIATION, INC.

Current Principal Place of Business:

12606 SHADOW RIDGE BLVD.
HUDSON, FL 346692791

New Principal Place of Business:

Current Mailing Address:

12606 SHADOW RIDGE BLVD.
HUDSON, FL 346692791 US

New Mailing Address:

12606 SHADOW RIDGE BLVD.
HUDSON, FL 346692791

FEI Number: 59-2548866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRENCH, MICHELLE
12946 KELLYWOOD CIR
HUDSON, FL 34669 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OUELLETTE, CAROL
Address: 12802 LAKE TREE LN
City-St-Zip: HUDSON, FL 34669 US

Title: VPD () Delete
Name: BRANDT, JOHN
Address: 12601 SHADOW RIDGE BLVD
City-St-Zip: HUDSON, FL 34669 US

Title: TS () Delete
Name: FRENCH, MICHELLE
Address: 12946 KELLYWOOD CIR
City-St-Zip: HUDSON, FL 34669 US

Title: SD () Delete
Name: FRENCH, MICHELLE
Address: 12946 KELLYWOOD CIR
City-St-Zip: HUDSON, FL 34669 US

Title: PD () Delete
Name: BRADY, WILLIAM
Address: 12801 LAKE TREE LANE
City-St-Zip: HUDSON, FL 34669 US

Title: D () Delete
Name: AULETTA, MARION
Address: 12845 WALNUT TREE
City-St-Zip: HUDSON, FL 34669 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TIMOTHY, KELLY
Address: LAKE TREE LANE
City-St-Zip: HUDSON, FL 34669 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE FRENCH

TS

03/15/2009

Electronic Signature of Signing Officer or Director

Date