

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90028 001 ****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**

0003250



☐ CHECK HERE IF MAKING CHANGES

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

**KELLY, TIMOTHY
12606 PALM TREE COURT
HUDSON FL 34669**

Name

Joyce Roberts

Street Address (P.O. Box Number is Not Acceptable)

12637 Shadow Ridge Blvd.

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

SIGNATURE Joyce Roberts

Signature, typed or printed name of registered agent and title if applicable.

Joyce Roberts

(NOTE: Registered Agent signature required when reinstating)

1-7-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **KELLY, TIMOTHY**
STREET ADDRESS **12606 PALM TREE COURT**
CITY-ST-ZIP **HUDSON FL 34669**

TITLE **P** ☒ Change ☐ Addition
NAME **Palumbo, Nicholas**
STREET ADDRESS **12726 Balsam Avenue**
CITY-ST-ZIP **Hudson, FL 34669-2823**

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

TITLE **S** ☒ Change ☐ Addition
NAME **Jenny, Todd**
STREET ADDRESS **12513 Shadow Ridge Blvd.**
CITY-ST-ZIP **Hudson, FL 34669-2790**

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 **CRAIG, TOM**
STREET ADDRESS **12304 GOLDEN OAK CIRCLE**
CITY-ST-ZIP **HUDSON FL 34669**

TITLE **VP** ☒ Change ☐ Addition
NAME **Brady, Bill**
STREET ADDRESS **12942 Kellywood Circle**
CITY-ST-ZIP **Hudson, FL 34669-2793**

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

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

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

1-7-03

(727) 856-4459

CR2E037 (10/02)