

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90326 008 ****61.25

DOCUMENT # N09657

1. Entity Name
LAKESIDE TERRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
24 SUNRISE LANE
FRUITLAND PARK, FL 34731 US

Mailing Address
24 SUNRISE LANE
FRUITLAND PARK, FL 34731 US

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

01262007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2590615

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JEAN L
91 LAKE GRIFFIN DR
FRUITLAND PARK, FL 34731

7. Name and Address of New Registered Agent

Name Aniol, Richard J.
Street Address (P.O. Box Number is Not Acceptable)
55 Wintergreen Dr.
City Fruitland PK. FL Zip Code 34731

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: Richard J. Aniol, RICHARD J. ANIOL TREASURER 4-10-2007
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 DP ☐ Delete
NAME BARCUS, CHARLES E
STREET ADDRESS 95 LAKE GRIFFIN DR
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE DV ☒ Delete
NAME FUDGE, NORMA
STREET ADDRESS 7 CLUBHOUSE DR
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE DT ☒ Delete
NAME SMITH, JEAN L
STREET ADDRESS 91 LAKE GRIFFIN DR.
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE DS ☒ Delete
NAME ANIOL, MARGARET E
STREET ADDRESS 55 WINTERGREEN DR.
CITY-ST-ZIP FRUITLAND, PA 34731

TITLE DV ☐ Delete
NAME LENNON, MICHELLE
STREET ADDRESS 30 SUNRISE LANE
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DV ☐ Change ☐ Addition
NAME Bohlinger, David
STREET ADDRESS 44 Eden Dr.
CITY-ST-ZIP Fruitland PK. FL 34731

TITLE DV ☐ Change ☐ Addition
NAME Welch, James
STREET ADDRESS 16 Lakewood Ln.
CITY-ST-ZIP Fruitland PK. FL 34731

TITLE DT ☐ Change ☐ Addition
NAME Aniol, Richard J.
STREET ADDRESS 55 Wintergreen Dr.
CITY-ST-ZIP Fruitland PK. FL 34731

TITLE DS ☐ Change ☐ Addition
NAME Lennon, Michelle
STREET ADDRESS 30 Sunrise Ln.
CITY-ST-ZIP Fruitland PK. FL 34731

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 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: Richard J. Aniol, RICHARD J. ANIOL, 4-10-07 352-314-2477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #