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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:16

DOCUMENT # **N13408** **(2)**

1. Corporation Name

LAKESIDE CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10271 LARGO FL 34643	P.O. BOX 10271 LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1986
3a. Date of Last Report: 02/15/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VERONA, JAY 405 PASADENA AVE SO ST PETERSBURG FL 33707	81 Name: Jean Marie DeSpiegler 82 Street Address (P.O. Box Number is Not Acceptable): 11148 Harborside Drive 83 84 City: Largo FL 85 Zip Code: 34643

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jean Marie DeSpiegler, Jean Marie DeSpiegler, treasures LCA, Feb. 16, 1995
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BUSQUE, JOHN	1.2 NAME	Andrew Crawford
STREET ADDRESS	9680 HALYARD DR	1.3 STREET ADDRESS	11059 Harborside Drive
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Largo, FL 34643
TITLE	TD	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	GRONEMEYER, STEVE	2.2 NAME	Jean Marie DeSpiegler
STREET ADDRESS	11223 TRADEWINDS BLVD	2.3 STREET ADDRESS	11148 Harborside Drive
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	Largo, FL 34643
TITLE	DV	3.1 TITLE	SD ☐ Change ☒ Addition
NAME	COBB, DEBBIE	3.2 NAME	Darla Sizemore
STREET ADDRESS	11556 TRADEWINDS BLVD	3.3 STREET ADDRESS	10867 Harborside Dr
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Largo FL 34643
TITLE		4.1 TITLE	2VD ☐ Change ☒ Addition
NAME		4.2 NAME	Susan Maholm
STREET ADDRESS		4.3 STREET ADDRESS	9683 Leeward Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Largo FL 34643
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Mike Fridella
STREET ADDRESS		5.3 STREET ADDRESS	9633 Halyard Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Largo FL 34643
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	John Guthrie
STREET ADDRESS		6.3 STREET ADDRESS	9674 Leeward Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Largo, FL 34643

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean Marie DeSpiegler Jean Marie DeSpiegler 3/16/95 (813) 398-7750
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #