

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

1997 OCT -6 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N13408 (2)

1. Corporation Name

LAKESIDE CIVIC ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 10271
LARGO FL 34643

Mailing Address

P.O. BOX 10271
LARGO FL 33773-0271



400002317474--7
-10/10/97--01079--004

3. Date Incorporated or Qualified 02/12/1986
4. Date of Last Report 02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-2035012

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GUTHRIE, JOHN C.
9674 LEEWARD AVENUE
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Debbie Cobb, Treasurer* DATE 9/1/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME TD
GUTHRIE, JOHN C.
STREET ADDRESS 9674 LEEWARD AVENUE
CITY-ST-ZIP LARGO FL

TITLE ☒ DELETE

NAME D
FRANK, ANN
STREET ADDRESS 11147 HARBORSIDE DRIVE
CITY-ST-ZIP LARGO FL

TITLE ☒ DELETE

NAME DV
COBB, DEBBIE
STREET ADDRESS 11556 TRADEWINDS BLVD
CITY-ST-ZIP LARGO FL

TITLE ☒ DELETE

NAME SVP
MAHOLM, SUSAN
STREET ADDRESS 9683 LEEWARD AVE.
CITY-ST-ZIP LARGO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Director ☐ Change ☒ Addition

1.2 NAME James Lee
1.3 STREET ADDRESS 11578 Tradewinds Blvd.
1.4 CITY-ST-ZIP Largo, FL 33773

2.1 TITLE 1st Vice President, Director ☐ Change ☐ Addition

2.2 NAME John Guthrie
2.3 STREET ADDRESS 9674 Leeward Ave.
2.4 CITY-ST-ZIP Largo, FL 33773

3.1 TITLE Treasurer, Director ☐ Change ☐ Addition

3.2 NAME Debbie Cobb
3.3 STREET ADDRESS 11556 Tradewinds Blvd.
3.4 CITY-ST-ZIP Largo, FL 33773

4.1 TITLE 2nd Vice President ☐ Change ☒ Addition

4.2 NAME Terri Lee
4.3 STREET ADDRESS 11578 Tradewinds Blvd.
4.4 CITY-ST-ZIP Largo, FL 33773

5.1 TITLE Secretary ☐ Change ☒ Addition

5.2 NAME John M. Best
5.3 STREET ADDRESS 9690 Leeward Ave.
5.4 CITY-ST-ZIP Largo, FL 33773

6.1 TITLE Director ☐ Change ☒ Addition

6.2 NAME Steve Larsonmeyer
6.3 STREET ADDRESS 11223 Tradewinds Blvd.
6.4 CITY-ST-ZIP Largo, FL 33773

14. I do 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 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. 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 *Debbie Cobb* DATE 9/1/97

CR2E037 (9/96)