

FILE NOW: FILING FEE IS \$61.25

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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13408** (2)

1. Corporation Name

LAKESIDE CMC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 10271
LARGO FL 34643

P.O. BOX 10271
LARGO FL 34643

3. Date Incorporated or Qualified

02/12/1986

4. FEI Number

59-2035012

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 10271**

22 City & State

27 City & State

23 Zip Country

28 **Largo, FL**

24 Zip

25 Country

29 **33773**

30 **Andreas**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBB, DEBBIE
11556 TRADEWINDS BLVD
LARGO FL 33773

81 Name **Same**

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

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** ☐ DELETE
NAME **LEE, JAMES**
STREET ADDRESS **11578 TRADEWINDS BLVD**
CITY-ST-ZIP **LARGO FL 33773**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **GUTHRIE, JOHN**
STREET ADDRESS **9874 LEEWARD AVE**
CITY-ST-ZIP **LARGO FL 33773**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **COBB, DEBBIE**
STREET ADDRESS **11556 TRADEWINDS BLVD**
CITY-ST-ZIP **LARGO FL 33773**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **LEE, TERRI**
STREET ADDRESS **11578 TRADEWINDS BLVD**
CITY-ST-ZIP **LARGO FL 33773**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **BEST, JOHN M**
STREET ADDRESS **9600 LEEWARD AVE**
CITY-ST-ZIP **LARGO FL 33773**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **GRONEMEYER, STEVE**
STREET ADDRESS **11223 TRADEWINDS BLVD**
CITY-ST-ZIP **LARGO FL 33773**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Debbie Cobb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0053994

CR2E037 (10/97)