**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 13, 1999 8:00 am**
**Secretary of State**
04-13-1999 90010 047 ****61.25

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# DOCUMENT # N13408

1. Corporation Name

LAKESIDE CIVIC ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 10271<br>LARGO FL 34643 | P.O. BOX 10271<br>LARGO FL 33773<br>US |

2. Principal Place of Business
21 PO Box 10271
Suite, Apt. #, etc.
22
City & State
23 Largo, FL
Zip 24 33773 Country 25 Pinellas

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
02/12/1986

4. FEI Number
59-2035012
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COBB, DEBBIE
11556 TRADEWINDS BLVD
LARGO FL 33773

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 — April 7, 1999
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 | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEE, JAMES | | 1.2 NAME | | |
| STREET ADDRESS | 11578 TRADEWINDS BLVD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LARGO FL 33773 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | Vice President | ☑ Change ☐ Addition |
| NAME | GUTHRIE, JOHN | | 2.2 NAME | Dorothy Belmonte | |
| STREET ADDRESS | 9674 LEEWARD AVE | | 2.3 STREET ADDRESS | 11622 Tradewinds Blvd. | |
| CITY-ST-ZIP | LARGO FL 33773 | | 2.4 CITY-ST-ZIP | Largo, FL 33773 | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COBB, DEBBIE | | 3.2 NAME | | |
| STREET ADDRESS | 11556 TRADEWINDS BLVD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LARGO FL 33773 | | 3.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEE, TERRI | | 4. 2 NAME | | |
| STREET ADDRESS | 11578 TRADEWINDS BLVD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LARGO FL 33773 | | 4.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BEST, JOHN M | | 5.2 NAME | | |
| STREET ADDRESS | 9690 LEEWARD AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LARGO FL 33773 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037-(11/98)

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED — 4-7-99 — 727 397-8210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #