FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State **DOCUMENT # N13408** 1. Entity Name LAKESIDE CIVIC ASSOCIATION, INC. 05-20-2002 90051 038 ****61.25 Principal Place of Business Mailing Address P.O. BOX 10271 P.O. BOX 10271 LARGO FL 33773 **LARGO FL 33773** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2035012 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Cobb. Debbie 11556 TRADEWINDS BLVD LARGO FL 33773 Zip Code FI 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. SIGNATURE Signature, typed or pri DATE Make Check Payable to Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD ☐ Addition TITLE TITLE ☐ Delete KELLY, TOM NAME NAME 10756 HARBORSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 resident-Darchange VD TITLE Delete TITLE BELMONTE, DOROTHY NAME NAME ricia Bartolucci 11622 TRADEWINDS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 TD ☐ Addition TITLE ☐ Delete TITLE ☐ Change Cobb, Debbie NAME NAME STREET ADDRESS 11556 TRADEWINDS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 Change M Delete TITLE ☐ Addition TITLE LEE. TERRI NAME NAME 11578 TRADEWINDS BLVD STREET ADDRESS Drive STREET ADDRESS 756 Harborside CITY-ST-ZIP CITY-ST-ZIP Largo FL 33773 Delete Change Addition TITLE TITLE MILNTHORPE, ANTHONY NAME NAME 11425 HARBORSIDE CIR STREET ADDRESS STREET ADDRESS ₹! od:... CITY-ST-ZIP CITY-ST-7IP LARGO FL 33773 VPD2 Change ☐ Addition TITLE Delete TITLE MALONE, SUE NAME NAME

12. 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 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.

STREET ADDRESS

CITY-ST-ZIP

11125 HARBORSIDE DR

LARGO FL 33773

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Description of Printed Name of Signing Officer on Director

Signature and Typed On Printed Name of Signing Officer on Director

Date

Date

Date

Date

Date

Date

Date

Description Phone #