FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:35

DOCUMENT # N14261 **(4)**

1. Corporation Name
LAKESIDE COLONY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
111 LAKESIDE COLONY TARPON SPRINGS FL 34689	111 LAKESIDE COLONY TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: **04/08/1966**
3a. Date of Last Report: **04/07/1994**
4. FEI Number: **NOT APPLICABLE** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BROOKS, PAULA
111 LAKESIDE COLONY
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 Paula B. Brooks — DATE 4/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/S	☒ Change ☐ Addition
NAME	JUNE, REID	1.2 NAME	STEVE CRAVEN	
STREET ADDRESS	103 LAKESIDE OLONY DR	1.3 STREET ADDRESS	107 LAKESIDE COLONY DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	TARPON SPGS, FL. 34689	
TITLE	D	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	EDWIN, LEITH A	2.2 NAME	JUNE REID	
STREET ADDRESS	101 LAKESIDE COLONY DR	2.3 STREET ADDRESS	103 LAKESIDE COLONY DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	TARPON SPGS, FL. 34689	
TITLE	P/D	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	STEVE CARVEN	3.2 NAME	PETER RISMONDO	
STREET ADDRESS	107 LAKESIDE COLONY	3.3 STREET ADDRESS	106 LAKESIDE COLONY DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	3.4 CITY-ST-ZIP	TARPON SPGS, FL. 34689	
TITLE	V/D	4.1 TITLE	~~ROGER~~ S/D	☒ Change ☐ Addition
NAME	ROGER EATON	4.2 NAME	ROGER EATON	
STREET ADDRESS	109 LAKESIDE COLONY DR	4.3 STREET ADDRESS	109 LAKESIDE COLONY DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	4.4 CITY-ST-ZIP	TARPON SPGS, FL. 34689	
TITLE		5.1 TITLE	S/D	☐ Change ☒ Addition
NAME		5.2 NAME	LENARD INTRABARTOLLA	
STREET ADDRESS		5.3 STREET ADDRESS	105 LAKESIDE COLONY DR;	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TARPON SPGS, FL. 34689	
TITLE		6.1 TITLE	D	☒ Change ☐ Addition
NAME		6.2 NAME	EDWIN LEITH	
STREET ADDRESS		6.3 STREET ADDRESS	101 LAKESIDE COLONY DRIVE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TARPON SPGS, FL. 34689	

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)(k), 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: [signature] 4 - 6 - 1995 813-942-2875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000B343