

# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14261 (4)**

1. Corporation Name

**LAKESIDE COLONY, INC.**



Principal Place of Business

**111 LAKESIDE COLONY  
TARPON SPRINGS FL 34689**

Mailing Address

**111 LAKESIDE COLONY  
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified **04/08/1986** 3a. Date of Last Report **04/14/1995**

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

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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

*Paula B. Brooks*

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

(NOTE: Registered Agent signature required when reinstating)

*March 8<sup>th</sup> 1996*

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	CRAVEN, STEVE	
STREET ADDRESS	107 LAKESIDE COLONY DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REID, JUNE	
STREET ADDRESS	103 LAKESIDE COLONY DR	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RISMONDO, PETER	
STREET ADDRESS	106 LAKESIDE COLONY DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EATON, ROGER	
STREET ADDRESS	109 LAKESIDE COLONY DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	INTRABARTOLLA, LENARD	
STREET ADDRESS	105 LAKESIDE COLONY DR	
CITY-ST-ZIP	TARPON SPGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEITH, EDWIN	
STREET ADDRESS	101 LAKESIDE COLONY DRIVE	
CITY-ST-ZIP	TARPON SPGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<del>ANNA</del> HAGEN, JAMES	
1.3 STREET ADDRESS	113 LAKESIDE COLONY DRIVE	
1.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALCANTO, THOMAS	
2.3 STREET ADDRESS	112 LAKESIDE COLONY DRIVE	
2.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RISMONDO, PETER	
3.3 STREET ADDRESS	106 LAKESIDE COLONY DRIVE	
3.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EATON, ROGER	
4.3 STREET ADDRESS	109 LAKESIDE COLONY DRIVE	
4.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	REID, JUNE	
5.3 STREET ADDRESS	103 LAKESIDE COLONY DRIVE	
5.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*Peter Rismondo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-8-96*

DATE

*942-2875*

DAYTIME PHONE #

CR2E037 (12/95)