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NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

N14261

(4)

FILED Apr 18 1997 8:00am Secretary of State

1. Corporation Name LAKESIDE COLONY, INC.											
Principal Plac	ce of Business	Ma	iling Address	 ,				1	I REMENDE PROPERTY OF		ISI MIBII DIANI IDEI
111 LAKESIDE COLONY 111 LAKESIDE COLONY TARPON SPRINGS FL 34689-2809											
								3. Date incorporated or Qualified 04/08/1986	3a. D	oate of Last 03/15/	Report 1996
2. Principal P	Place of Business	-	Mailing Address					4. FEI Number NOT APPLICABLE		-	Applied For
Suite, Apt	₩, etc.	26	Suite, Apt. #, etc.								Not Applicable Additional
22	······································	27						Certificate of Status Desired	Ll	Fee	Required
City & Stat	te	28	City & State					Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country		Zip	Co	untry			B. This corporation has liability for i	intangible	tax unde	
24	25	29		30	· · · · ·			Florida Statutes] Yes	X No	·
	9. Name and Address of Curr	ent Regist	ered Agent	<u></u>	81	Name		10. Name and Address of New Re	gistered	Agent	
	(S, PAULA						Addres	ss (P.O. Box Number is Not Acceptab	ole)		
	KESIDE COLONY				83	 -		· · · · · · · · · · · · · · · · · · ·			
IARPU	IN SPRINGS FL 34689									······································	
					1 1	City			FL	` `	p Code
11. Pursuant	to the provisions of Sections 617.05	502 and 61						ration a homita thia atamont for the a	HITODER C	of changing	its registered
	am familiar with, and accept the obli	ite of Florid ligations of,	iz. 1508, Florida Stati la. Such change was , Section 617.0503, f	utes, the a s authorize Florida Sta	ibove- ad by t itules.	named the corp	corpor	ration submits this statement for the p n's board of directors. I hereby accep	ot the app	pointment	as registered
SIGNATURE	Signature, typed or printed name of registered a	agent and title t	f applicable (NC	DTE: Registere	ed Ageni			when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	agent and title t	f applicable (NO	DTE: Registere	ed Agent		required		DATE	D DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	agent and title t	f applicable (NC	DTE: Registere	ed Agent	t signature	To To	when reinstating) ADDITIONS/CHANGES TO OFFICE TRARROLA LENN	DATE CERS AN		ORS IN 12
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4. I do 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.

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date Dayline Prone # 0008006