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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N14261

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/08/1986

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME HAGEN, JAMES
STREET ADDRESS 113 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE D ☐ DELETE

NAME INTRBARTOLA, LENNY
STREET ADDRESS 105 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE TD ☐ DELETE

NAME RISMONDO, PETER
STREET ADDRESS 106 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE V ☐ DELETE

NAME ALCAMO, THOMAS
STREET ADDRESS 112 LAKESIDE COLONY DR
CITY-ST-ZIP TARPON SPGS FL 34689

TITLE D ☐ DELETE

NAME BROOKS, JAMES
STREET ADDRESS 111 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME SALLY WILMOT
1.3 STREET ADDRESS 109 LAKESIDE COLONY DR.
1.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)