

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90005 016 ****61.25

DOCUMENT # N14261

1. Entity Name
LAKESIDE COLONY, INC.



Principal Place of Business
**109 LAKESIDE COLONY DR
TARPON SPRINGS, FL 34689**

Mailing Address
**109 LAKESIDE COLONY DR
TARPON SPRINGS, FL 34689**

40031535



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHARTRAND, PHILIP E
109 LAKESIDE COLONY DR
TARPON SPRINGS, FL 34689**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE P/D ☐ Change ☒ Addition
NAME PHILIP E. CHARTRAND
STREET ADDRESS 109 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE T/D ☒ Change ☐ Addition
NAME HAGEN, JAMES
STREET ADDRESS 113 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE VID ☒ Change ☐ Addition
NAME RISMONDO, PETER
STREET ADDRESS 106 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ Delete
NAME ALCAMO, THOMAS
STREET ADDRESS 112 LAKESIDE COLONY DR
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE S/D ☒ Change ☐ Addition
NAME THORNTON, MELISSA
STREET ADDRESS 110 LAKESIDE COLONY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE S ☒ Delete
NAME THORNTON, MELISSA
STREET ADDRESS 110 LAKESIDE COLONY DR
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Philip E. Chartrand PHILIP E. CHARTRAND 2/1/07 727-939-1248