

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90016 022 ****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**



01122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 *Philip E Chartrand* **PHILIP E CHARTRAND**

01/26/08

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARTRAND, PHILIP 109 LAKESIDE COLONY DRIVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAGEN, JAMES 115 LAKESIDE COLONY DRIVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RISMONDO, PETER 106 LAKESIDE COLONY DRIVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THORNTON, MELISSA 110 LAKESIDE COLONY DRIVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCAMO, THOMAS 112 LAKESIDE COLONY DRIVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INTRABARTOLA, LENNY 105 LAKESIDE COLONY DRIVE TARPON SPRINGS, FL 34689

**DO NOT WRITE
IN THIS SPACE**

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 supplemental 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: *Philip E Chartrand* **PHILIP E. CHARTRAND**

01/26/08

727-939-1248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #