2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N14261

Entity Name: LAKESIDE COLONY, INC.

Current Principal Place of Business:

109 LAKESIDE COLONY DR
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

109 LAKESIDE COLONY DR
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CHARTRAND, PHILIP	
Address:	109 LAKESIDE COLONY DRIVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	TD	( ) Delete
Name:	HAGEN, JAMES	
Address:	115 LAKESIDE COLONY DRIVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	VD	( ) Delete
Name:	RISMONDO, PETER	
Address:	106 LAKESIDE COLONY DRIVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	SD	( ) Delete
Name:	THORNTON, MELISSA	
Address:	110 LAKESIDE COLONY DRIVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	D	( ) Delete
Name:	ALCAMO, THOMAS	
Address:	112 LAKESIDE COLONY DRIVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	D	( ) Delete
Name:	INTRABARTOLA, LENNY	
Address:	105 LAKESIDE COLONY DRIVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP E. CHARTRAND PD 04/04/2009
Electronic Signature of Signing Officer or Director — Date