

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90619 005 ***150.00

DOCUMENT # N17000006157

1. Entity Name

LAKESIDE WOODS SOUTH ASSOCIATION, INC.

Principal Place of Business

1106 SOUTHLAKE CT
 VENICE FL 34292
 US

Mailing Address

1106 SOUTHLAKE CT
 VENICE FL 34292
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0679906

Applied For

Not Applicable

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

ANDREWS, JANET L
 1106 SOUTHLAKE CT
 VENICE FL 34292

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.

SIGNATURE *Janet L. Andrews* JANET L. ANDREWS 3/2/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME ANDREWS, JANET L ☐ Delete
 STREET ADDRESS 1106 SOUTHLAKE CT
 CITY-ST-ZIP VENICE FL 34292

TITLE D ☒ Change ☐ Addition
 NAME ANDREWS, JANET L.
 STREET ADDRESS 1106 SOUTHLAKE CT.
 CITY-ST-ZIP VENICE, FL 34292

TITLE VD ☐ Delete
 NAME WILDER, HUGH
 STREET ADDRESS 1129 SOUTHLAKE CT
 CITY-ST-ZIP VENICE FL 34292

TITLE D ☒ Change ☐ Addition
 NAME WILDER, HUGH
 STREET ADDRESS 1129 SOUTHLAKE CT.
 CITY-ST-ZIP VENICE, FL 34292

TITLE TD ☐ Delete
 NAME ANDREWS, LAMONT
 STREET ADDRESS 1106 SOUTHLAKE CT
 CITY-ST-ZIP VENICE FL 34292

TITLE PD ☐ Change ☒ Addition
 NAME DELL, GARY
 STREET ADDRESS 1118 SOUTHLAKE CT.
 CITY-ST-ZIP VENICE, FL 34292

TITLE SD ☒ Delete
 NAME INDOVINO, JOSEPHINE
 STREET ADDRESS 1137 SOUTHLAKE CT
 CITY-ST-ZIP VENICE FL 34292

TITLE VD ☐ Change ☒ Addition
 NAME CARMICHAEL, KEITH
 STREET ADDRESS 1121 SOUTHLAKE CT,
 CITY-ST-ZIP VENICE, FL 34292

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
 NAME DEGLOPPER, EDWIN
 STREET ADDRESS 1149 SOUTHLAKE CT,
 CITY-ST-ZIP VENICE, FL 34292

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
 NAME WILCOX, LINDA
 STREET ADDRESS 1180 SOUTHLAKE CT.
 CITY-ST-ZIP VENICE, FL 34292

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lamont W. Andrews* LAMONT W. ANDREWS 3/2/01 (941) 488-3730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)