## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N18498**

1. Entity Name
VILLAGE LAKELAND LAKESIDE CLUB, INC



**FILED** Mar 29, 2006 8:00 am Secretary of State

03-29-2006 90114 008 \*\*\*\*61.25

	ENCENTO DIVEGIDE GE								
Principal Place of Business THE CLUB HOUSE 3574 LAZY LAKE DRIVE, NORTH LAKELAND, FL 33801		Mailing Address THE CLUB HOUSE 3574 LAZY LAKE DRIVE, NORTH LAKELAND, FL 33801							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03	3192006	Chg-NP	CR2E037	7 (11/05)	
City & State		City & State		4.	4. FEI Number         Applied For           59-2752600         Not Applicable				
Zip	Country	Zip	Country	5.	Certificate o	f Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent		7.	Name and A	ddress of Nev	Registered A	gent	
DAFUR-CEODOE			Name				-		
BAEHR, GEORGE 501 OAKRIDGE EAST LAKELAND, FL 33801			Street Address		(P.O. Box Number is Not Acceptable)				
	5,12 33331								
			City				FL	Zip Code	,
	named entity submits this statement f	or the purpose of changing it	s registered office or	registered a	gent, or both	, in the State of	Florida. I am fa	amiliar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signatu	re required when	reinstating)		DATE		
			9. Election Campaign Financing Trust Fund Contribution.						
	Filing Fee is \$61.25 Due by May 1, 2006			□ <b>\$5</b>	.00 May Be led to Fees	F	Make check Iorida Departi		
10.	_	Trust Fund						ment of St	ate
10. TITLE	Due by May 1, 2006  OFFICERS AND D	Trust Fund	Contribution.				Iorida Departi CERS AND DIR	ment of St	ate
TITLE NAME	OFFICERS AND D P LACOY, ROGER	Trust Fund	Contribution.  11.  TITLE  NAME				Iorida Departi CERS AND DIR	ment of St ECTORS IN	ate 10
TITLE NAME STREET ADDRESS	Due by May 1, 2006  OFFICERS AND D  P LACOY, ROGER 447 LEISURE PL	Trust Fund	T11. TITLE NAME STREET ADDRESS				Iorida Departi CERS AND DIR	ment of St ECTORS IN	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACOY, ROGER 447 LEISURE PL LAKELAND, FL 33801	Trust Fund	Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDI			Iorida Departi CERS AND DIR	ment of St ECTORS IN	10 Addition
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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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-06

863-667-2282