

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18498

FILED
Mar 07, 2009
Secretary of State

Entity Name: VILLAGE LAKELAND LAKESIDE CLUB, INC

Current Principal Place of Business:

THE CLUB HOUSE
3574 LAZY LAKE DRIVE, NORTH
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

THE CLUB HOUSE
3574 LAZY LAKE DRIVE, NORTH
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-2752600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINCH, DARLENE
502 LEISURE PLACE
LAKELAND, FL 33801 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: P () Delete
Name: SAWTELLE, DAVID
Address: 523 SKYLINE DR W
City-St-Zip: LAKELAND, FL 33801

Title: VP () Delete
Name: GRIEFE, DENNIS
Address: 538 LAZY LAKE DR E
City-St-Zip: LAKELAND, FL 33801

Title: T () Delete
Name: FINCH, CHARLES
Address: 502 LEISURE PLACE
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: MIGLIACCIO, FERN
Address: 427 LEISURE PLACE
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: SIND, JOANN
Address: 431 LEISURE PLACE
City-St-Zip: LAKELAND, FL 33801

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRIEFE, DENNIS
Address: 538 LAZY LAKE DR E
City-St-Zip: LAKELAND, FL 33801

Title: VP (X) Change () Addition
Name: DEXTER, MITCH
Address: 431 SKYLINE DR W
City-St-Zip: LAKELAND, FL 33801

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

Title: S (X) Change () Addition
Name: PAIGE, JOANN
Address: 441 PERCH PLACE
City-St-Zip: LAKELAND, FL 33801

Title: D (X) Change () Addition
Name: MIGLIACCIO, FERN
Address: 427 LEISURE PLACE
City-St-Zip: LAKELAND, FL 33801

Title: D () Change (X) Addition
Name: JOHNSTON, DOROTHY
Address: 415 SKYLINE DR W
City-St-Zip: LAKELAND, FL 33801

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: CHARLES FINCH

T

03/07/2009

Electronic Signature of Signing Officer or Director

Date