



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90044 014 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # N22255</b><br>1. Entity Name<br><b>LAKESIDE VILLAGE COMMUNITY ASSOCIATION, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>% COMMUNITY MANAGEMENT SERVICES, INC.</b><br><b>5609 US 19 SUITE E</b><br><b>NEW PORT RICHEY, FL 34652</b>   |   |   | Mailing Address<br><b>% COMMUNITY MANAGEMENT SERVICES, INC.</b><br><b>5609 US 19 SUITE E</b><br><b>NEW PORT RICHEY, FL 34652</b>     |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |  |    |  |
| 4. FEI Number<br><b>59-2891652</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |  | 01092007    Chg-NP    CR2E037 (12/06)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COMMUNITY MANAGEMENT SERVICES, INC.</b><br><b>5609 US 19, SUITE E</b><br><b>NEW PORT RICHEY, FL 34652</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  |   |   |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>       |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |   |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>GRABIJUS, GENE <input checked="" type="checkbox"/> Delete<br>12828 SAND CRANE WAY<br>VIRGINIA MARQUIS, SD 56099 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VTD<br>GALE, PATSY J <input checked="" type="checkbox"/> Delete<br>12824 SAND CRANE WAY<br>HUDSON, FL 34669           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VTD Marquis, Virginia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>12832 Sand Crane Way<br>Hudson FL 34669  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VD<br>LAFORTE, JEAN <input type="checkbox"/> Delete<br>12830 SAND CRANE WAY<br>HUDSON, FL 34669                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD SCHOENEGER, JUDITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>12828 Sand Crane Way<br>Hudson, FL 34669 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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: <i>Jean LaForte</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | 4-26-07    727 866-9900<br><small>Date      Daytime Phone #</small>  |  |  |