FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30155 (8)

1. Corporation Name

LAKESIDE CLUB, INC.

Principal Place of Business	Mailing Address
%ROBERT T. GRANICZ 2950 S. MCCALL ROAD ENGLEWOOD FL 34224-8638	%ROBERT T. GRANICZ 2950 S. MCCALL ROAD ENGLEWOOD FL 34224-8638

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1989
3a. Date of Last Report: 03/02/1994
4. FEI Number: 65-0097472 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GRANICZ, ROBERT T.
2950 S. MCCALL ROAD
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GRANICZ, ROBERT T.	1.2 NAME		
STREET ADDRESS	2950 S. MCCALL ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	GRANICZ, JOSEPH G.	2.2 NAME		
STREET ADDRESS	2950 S. MCCALL ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, BRIAN J.	3.2 NAME		
STREET ADDRESS	2950 S. MCCALL ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☒ Addition
NAME		4.2 NAME	VD	
STREET ADDRESS		4.3 STREET ADDRESS	Keathley, Harold L.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	2950 S. McCall Road Englewood, FL 34224	
TITLE		5.1 TITLE		☐ Change ☒ Addition
NAME		5.2 NAME	D	
STREET ADDRESS		5.3 STREET ADDRESS	Walchle, Randle	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	6101 Toucan Drive Englewood, FL 34224	
TITLE		6.1 TITLE		☐ Change ☒ Addition
NAME		6.2 NAME	D	
STREET ADDRESS		6.3 STREET ADDRESS	Williamson, Kay	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	8340 Kinglet Dr Englewood, FL 34224	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for an exemption pursuant to Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BRIAN J. WALKER 4/11/95 813-474-5504
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #