# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # N30155 (8)

1. Corporation Name

LAKESIDE CLUB, INC.

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

3. Date Incorporated or Qualified: 01/12/1989
3a. Date of Last Report: 04/24/1995

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

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 % KAY G. WILLIAMSON | 26 % KAY G. WILLIAMSON |
| Suite, Apt. #, etc.<br>22 6100 TOUCAN DR. | Suite, Apt. #, etc.<br>27 P.O. BOX 2115 |
| City & State<br>23 ENGLEWOOD, FLORIDA | City & State<br>28 ENGLEWOOD, FLORIDA |
| Zip / Country<br>24 34224 / 25 USA | Zip / Country<br>29 34223-2115 / 30 USA |

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: KAY G. WILLIAMSON
82 Street Address (P.O. Box Number is Not Acceptable): 8340 KINGLET DR.
83
84 City: ENGLEWOOD FL 85 Zip Code: 34224

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Kay G. Williamson, KAY G. WILLIAMSON 2-20-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 11 TITLE | PD | ☐ Change ☒ Addition |
| NAME | GRANICZ, ROBERT T. | | 12 NAME | KAY G. WILLIAMSON | |
| STREET ADDRESS | 2950 S. MCCALL ROAD | | 13 STREET ADDRESS | 8340 Kinglet DR. | |
| CITY-ST-ZIP | ENGLEWOOD FL | | 14 CITY-ST-ZIP | Englewood, FL. 34224 | |
| TITLE | VD | ☒ DELETE | 21 TITLE | VD | ☐ Change ☒ Addition |
| NAME | GRANICZ, JOSEPH G. | | 22 NAME | Charles Wieder | |
| STREET ADDRESS | 2950 S. MCCALL ROAD | | 23 STREET ADDRESS | 6120 Partridge Ave | |
| CITY-ST-ZIP | ENGLEWOOD FL | | 24 CITY-ST-ZIP | Englewood, Fl. 34224 | |
| TITLE | STD | ☒ DELETE | 31 TITLE | TD | ☐ Change ☒ Addition |
| NAME | WALKER, BRIAN J. | | 32 NAME | John Leonard | |
| STREET ADDRESS | 2950 S. MCCALL ROAD | | 33 STREET ADDRESS | 8373 Kinglet DR | |
| CITY-ST-ZIP | ENGLEWOOD FL | | 34 CITY-ST-ZIP | Englewood, FL. 34224 | |
| TITLE | VD | ☒ DELETE | 41 TITLE | SD | ☐ Change ☒ Addition |
| NAME | KEATHLEY, HAROLD L | | 42 NAME | Margaret Wright | |
| STREET ADDRESS | 2950 S. MCCALL ROAD | | 43 STREET ADDRESS | 8466 Kinglet DR | |
| CITY-ST-ZIP | ENGLEWOOD FL | | 44 CITY-ST-ZIP | Englewood, FL. 34224 | |
| TITLE | D | ☒ DELETE | 51 TITLE | D | ☐ Change ☒ Addition |
| NAME | WALCHLE, RANDLE | | 52 NAME | Jerry Zuidema | |
| STREET ADDRESS | 6101 TOUCAN DRIVE | | 53 STREET ADDRESS | 8473 Buttonquail DR | |
| CITY-ST-ZIP | ENGLEWOOD FL | | 54 CITY-ST-ZIP | Englewood, Fl. 34224 | |
| TITLE | D | ☒ DELETE | 61 TITLE | D | ☐ Change ☒ Addition |
| NAME | WILLIAMSON, KAY | | 62 NAME | Thomas Stahl | |
| STREET ADDRESS | 8340 KINGLET DRIVE | | 63 STREET ADDRESS | 8479 Buttonquail DR | |
| CITY-ST-ZIP | ENGLEWOOD FL | | 64 CITY-ST-ZIP | Englewood, FL. 34224 | |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

(813)

**SIGNATURE:** Kay G. Williamson KAY G. WILLIAMSON 2-20-96 473-1452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# FILE NOW: FILING FEE IS $61.25

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Additional spaces Required

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3a. Date of Last Report: 04/24/1995

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Suite, Apt. #, etc.
22
City & State
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Zip
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Country
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Zip
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GRANICZ, ROBERT T
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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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent or title of officer if applicable) (If filed, Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| 11 TITLE | PD | ☐ DELETE | 71 TITLE | D | ☐ Change ☒ Addition |
| 12 NAME | GRANICZ, ROBERT T. | | 72 NAME | CHAISTENA WHIPPO | |
| 13 STREET ADDRESS | 2950 S. MCCALL ROAD | | 73 STREET ADDRESS | 8454 NIGHTHAWK DR | |
| 14 CITY-ST-ZIP | ENGLEWOOD FL | | 74 CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| 21 TITLE | VD | ☐ DELETE | 81 TITLE | D | ☐ Change ☒ Addition |
| 22 NAME | GRANICZ, JOSEPH G. | | 82 NAME | CLINTON BELKNAP | |
| 23 STREET ADDRESS | 2950 S. MCCALL ROAD | | 83 STREET ADDRESS | 6067 SHEARWATER DR | |
| 24 CITY-ST-ZIP | ENGLEWOOD FL | | 84 CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| 31 TITLE | STD | ☐ DELETE | 91 TITLE | D | ☐ Change ☒ Addition |
| 32 NAME | WALKER, BRIAN J. | | 92 NAME | SOPHIE MILEWSKI | |
| 33 STREET ADDRESS | 2950 S. MCCALL ROAD | | 93 STREET ADDRESS | 8467 TANAKA DR | |
| 34 CITY-ST-ZIP | ENGLEWOOD FL | | 94 CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| 41 TITLE | VD | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| 42 NAME | KEATHLEY, HAROLD L | | 42 NAME | | |
| 43 STREET ADDRESS | 2950 S. MCCALL ROAD | | 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | ENGLEWOOD FL | | 44 CITY-ST-ZIP | | |
| 51 TITLE | D | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| 52 NAME | WALCHLE, RANDLE | | 52 NAME | | |
| 53 STREET ADDRESS | 6101 TOUCAN DRIVE | | 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | ENGLEWOOD FL | | 54 CITY-ST-ZIP | | |
| 61 TITLE | D | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| 62 NAME | WILLIAMSON, KAY | | 62 NAME | | |
| 63 STREET ADDRESS | 8340 KINGLET DRIVE | | 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | ENGLEWOOD FL | | 64 CITY-ST-ZIP | | |

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(813)

SIGNATURE: Kay Williamson Kay G. Williamson 2-20-96 473-1452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #