FILE NOW: FILING FEE IS $61.25

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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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
C/O KAY G. WILLIAMSON 6100 TOUCAN DR. ENGLEWOOD FL 34224 US	C/O KAY G. WILLIAMSON PO BOX 2115 ENGLEWOOD FL 34295-2115 US

3. Date Incorporated or Qualified: 01/12/1989
3a. Date of Last Report: 02/28/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip / 24 Country / 25

2a. Mailing Address
26 C/O CHARLES WIEDER — Suite, Apt. #, etc.
27 6100 TOUCAN DR. — City & State
28 ENGLEWOOD FL — Zip / 29 34224 / Country / 30 CHARLOTTE

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

9. Name and Address of Current Registered Agent

KAY G. WILLIAMSON
8340 KINGLET DR
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name: CHARLES WIEDER
82 Street Address (P.O. Box Number is Not Acceptable)
83 6120 PARTRIDGE AVE.
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: CHARLES WIEDER, PD — Charles F. Wieder — 01/A/97
Signature, Type or Print Name of Person with Authority to Sign (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	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	WILLIAMSON, KAY G		1.2 NAME	MOONEY, JAMES	
STREET ADDRESS	8340 KINGLET DR.		1.3 STREET ADDRESS	6173 IVORYBILL DR.	
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	WIEDER, CHARLES		2.2 NAME	WIEDER, CHARLES	
STREET ADDRESS	6120 PARTRIDGE AVE		2.3 STREET ADDRESS	6120 PARTRIDGE AVE.	
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEONARD, JOHN		3.2 NAME		
STREET ADDRESS	8373 KINGLET DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, MARGARET		4.2 NAME		
STREET ADDRESS	8466 KINGLET DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ZUIDEMA, JERRY		5.2 NAME		
STREET ADDRESS	8473 BUTTONQUAIL DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	STAHL, THOMAS		6.2 NAME	MARLETTE, GENEVA	
STREET ADDRESS	8479 BUTTONGAIL DR		6.3 STREET ADDRESS	8485 TANAKA DR.	
CITY-ST-ZIP	ENGLEWOOD FL		6.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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: Margaret Wright — 3/24/97 — 941-474-7395

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1997

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ATTACHMENT

DOCUMENT # N30155 (8)

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Suite, Apt. #, etc.
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City & State
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Zip 24 Country 25

2a. Mailing Address
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Suite, Apt. #, etc.
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City & State
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Zip 29 Country 30

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SIGNATURE CHARLES WIEDER, PD *Charles F. Wieder* 01/04/97

12. OFFICERS AND DIRECTORS		
TITLE	PD	[ ] DELETE
NAME	WILLIAMSON, KAY G	
STREET ADDRESS	8340 KINGLET DR.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VD	[ ] DELETE
NAME	WIEDER, CHARLES	
STREET ADDRESS	6120 PARTRIDGE AVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	TD	[ ] DELETE
NAME	LEONARD, JOHN	
STREET ADDRESS	8373 KINGLET DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	SD	[ ] DELETE
NAME	WRIGHT, MARGARET	
STREET ADDRESS	8466 KINGLET DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	[ ] DELETE
NAME	ZUIDEMA, JERRY	
STREET ADDRESS	8473 BUTTONQUAIL DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	[ ] DELETE
NAME	STAHL, THOMAS	
STREET ADDRESS	8479 BUTTONGAIL DR	
CITY-ST-ZIP	ENGLEWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] Change [X] Addition
NAME	MILEWSKI, SOPHIE	
STREET ADDRESS	8467 TANAKA DR.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	D	[ ] Change [XX] Addition
NAME	PROCTOR, ROBERT	
STREET ADDRESS	8454 TANAKA DR.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	D	[ ] Change [XX] Addition
NAME	WEDGE, DOROTHY	
STREET ADDRESS	8461 NIGHTHAWK DR.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: MARGARET WRIGHT *Margaret Wright* 3/31/97 941-474-7395