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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30155** (8)
1. Corporation Name
LAKESIDE CLUB, INC.



Principal Place of Business C/O KAY G. WILLIAMSON 6100 TOUCAN DR. ENGLEWOOD FL 34224 US	Mailing Address C/O KAY G. WILLIAMSON 6100 TOUCAN DR. ENGLEWOOD FL 34223-115 US
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3. Date Incorporated or Qualified 01/12/1989	4. FEI Number 65-0097472	Applied For ☐ Yes ☒ No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**WIEDER, CHARLES
6120 PARTRIDGE AVE.
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 85 Zip Code
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**KAY G. WILLIAMSON
8340 KINGLET DR.
ENGLEWOOD, FL 34224
FL**

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, Pres. DATE 3-17-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VD ☒ DELETE
NAME	MOONEY, JAMES
STREET ADDRESS	6173 IVORYBILL DR.
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	PD ☒ 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	8486 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	MARLETTE, GENEVA
STREET ADDRESS	8485 TANAKE DR.
CITY-ST-ZIP	ENGLEWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD ☐ Change ☐ Addition
1.2 NAME	ROBT. PROCTOR
1.3 STREET ADDRESS	8454 TANAKA DR.
1.4 CITY-ST-ZIP	ENGLEWOOD, FL
2.1 TITLE	PD ☐ Change ☐ Addition
2.2 NAME	KAY G. WILLIAMSON
2.3 STREET ADDRESS	8340 KINGLET DR.
2.4 CITY-ST-ZIP	ENGLEWOOD, FL
3.1 TITLE	D ☐ Change ☐ Addition
3.2 NAME	ROBT. GODLEWSKY
3.3 STREET ADDRESS	8358 KINGLET DR.
3.4 CITY-ST-ZIP	ENGLEWOOD, FL
4.1 TITLE	SD ☐ Change ☐ Addition
4.2 NAME	JEAN M. DORMAN
4.3 STREET ADDRESS	6041 TOUCAN DR.
4.4 CITY-ST-ZIP	ENGLEWOOD, FL
5.1 TITLE	D ☐ Change ☐ Addition
5.2 NAME	EDNA KAUFHOLD
5.3 STREET ADDRESS	8472 NIGHTHAWK DR.
5.4 CITY-ST-ZIP	ENGLEWOOD, FL
6.1 TITLE	D ☐ Change ☐ Addition
6.2 NAME	THOMAS LANG
6.3 STREET ADDRESS	8467 BUTTONQUAIL DR.
6.4 CITY-ST-ZIP	ENGLEWOOD, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JEAN M. DORMAN (SEAL) Jean M. Dorman 3/17/98

CR2E037 (10/97)