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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N30155**

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 6100 TOUCAN DR. ENGLEWOOD FL 34223-115 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/12/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0097472 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMSON, KAU G
8340 KINGLET DR
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name: Williamson, Kay G.
82 Street Address (P.O. Box Number is Not Acceptable): 8340 Kinglet Dr.
83 Englewood
84 City: 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 _____ 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	VD	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	PROCTOR, ROBERT		1.2 NAME	Karl Manning	
STREET ADDRESS	8454 TANAKA DR		1.3 STREET ADDRESS	8460 Buttonquail Dr.	
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WILLIAMSON, KAY G		2.2 NAME	Paul Corless	
STREET ADDRESS	8340 KINGLET DR		2.3 STREET ADDRESS	6344 Partridge Ave.	
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE	D	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	GODLEWSKY, ROBERT		3.2 NAME	Robert Godlewsky	
STREET ADDRESS	8358 KINGLET DR		3.3 STREET ADDRESS	8358 Kinglet Dr.	
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	DORMAN, JEAN M		4.2 NAME	Margaret Wright	
STREET ADDRESS	6041 TOUCAN DR		4.3 STREET ADDRESS	8466 Kinglet Dr.	
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE	D	☐ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	KAUFHOLD, EDNA		5.2 NAME	John Leonard	
STREET ADDRESS	8472 NIGHTHAWK DR		5.3 STREET ADDRESS	8373 Kinglet Dr.	
CITY-ST-ZIP	ENGLEWOOD FL		5.4 CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	LANG, THOMAS		6.2 NAME	Jerry Zuidema	
STREET ADDRESS	8467 BUTTONQUAIL DR		6.3 STREET ADDRESS	8473 Buttonquail Dr.	
CITY-ST-ZIP	ENGLEWOOD FL		6.4 CITY-ST-ZIP	Englewood, Fl. 34224	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Kay G. Williamson TREAS Kay G. Williamson 3-1-99 (941) 473-1452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #