

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90035 018 ****70.00

DOCUMENT # N30155

1. Entity Name

LAKESIDE CLUB, INC.



Principal Place of Business

Mailing Address

LAKESIDE CLUB, INC.
6100 TOUCAN DR.
ENGLEWOOD FL 34224
US

LAKESIDE CLUB, INC.
6100 TOUCAN DR.
ENGLEWOOD FL 34224
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0097472

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, HARRY
8461 TANAKA DR
ENGLEWOOD FL 34224

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Harold L. Fisher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☐ Delete
NAME: WILLIAMSON, KAY
STREET ADDRESS: 8340 KINGLET DR.
CITY ST ZIP: ENGLEWOOD FL 34224

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: SD ☐ Delete
NAME: HOOD, SHARON
STREET ADDRESS: 6079 SHEARWATER DR.
CITY ST ZIP: ENGLEWOOD FL 34224

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: TD ☒ Delete
NAME: BROWN, JOSEPH
STREET ADDRESS: 6101 TOUCAN DR.
CITY ST ZIP: ENGLEWOOD FL 34224

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: CONNARY, LARRY
STREET ADDRESS: 8419 BUTTONQUAIL DR
CITY ST ZIP: ENGLEWOOD FL 34224

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: TD ☐ Delete
NAME: GODLEWSKY, MARY R
STREET ADDRESS: 8358 KINGLET DR
CITY ST ZIP: ENGLEWOOD FL 34224

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: MARLETTTE, GENEVA
STREET ADDRESS: 8485 TANAKA DR
CITY ST ZIP: ENGLEWOOD FL 34224

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon E. Hood *Sharon E. Hood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07 (941) 474-7747

Date

Daytime Phone #

ATTACHMENT

40035759

Additional Directors: # N30155

P

Harry Fisher
8461 Tanaka Dr.
Englewood, FL 34224

VP

Ed Eyles
6073 Shearwater Dr.
Englewood, FL 34224

D

Jerry Zuidema
8473 Buttonquail Dr.
Englewood, FL 34224

D

Jim Daehling
8448 Kinglet Dr.
Englewood, FL 34224