

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 049 ****61.25

DOCUMENT # N30155	
1. Entity Name LAKESIDE CLUB, INC.	



Principal Place of Business LAKESIDE CLUB, INC. 6100 TOUCAN DR. ENGLEWOOD FL 34224 US	Mailing Address LAKESIDE CLUB, INC. 6100 TOUCAN DR. ENGLEWOOD FL 34224 US
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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 (10/07)

4. FEI Number 65-0097472		Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent FISHER, HARRY 8461 TANAKA DR ENGLEWOOD FL 34224		7. Name and Address of New Registered Agent Name Edward Eyles Street Address (P.O. Box Number is Not Acceptable) 6073 Shearwater Dr. City Englewood FL Zip Code 34224	
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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: *Edward Eyles* **EDWARD EYLES**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signatures are used when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMSON, KAY 8340 KINGLET DR. ENGLEWOOD FL 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Darlene Shultz 6119 Redwing Ave. Englewood FL 34224 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOOD, SHARON 6079 SHEARWATER DR. ENGLEWOOD FL 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Edward Eyles 6073 Shearwater Dr. Englewood FL 34224 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONNARY, LARRY 8419 BUTTONQUAIL DR ENGLEWOOD FL 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D James Daehling 8448 Kinglet Dr. Englewood FL 34224 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GODLEWSKY, MARY R 8358 KINGLET DR ENGLEWOOD FL 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Harry Fisher 8461 Tanaka Dr. Englewood FL 34224 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARLETTTE, GENEVA 8485 TANAKA DR ENGLEWOOD FL 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 Hood* **Sharon Hood** *2/25/08 941-474-0630*