

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36745

1. Entity Name

LAKE SIDE BY THE SEA HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90057 002 ****61.25

Principal Place of Business

Mailing Address

PO BOX 351094
PALM COAST FL 32135
US

PO BOX 351094
PALM COAST FL 32135-1094
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3016320

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

~~PREFERRED MGMT SERVICES~~
~~300 N OCEANSHORE BLVD~~
~~#7~~
~~FLOLER BEACH FL 32136~~

ANNON JR., FRED
PALM COAST PROPERTY MANAGEMENT
7 FLORIDA PARK DRIVE N., SUITE C
PALM COAST, FL 32137

Name

ANNON JR., FRED

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

PALM COAST PROPERTY MANAGEMENT

7 FLORIDA PARK DRIVE N., SUITE C

City

PALM COAST,

FL

32137 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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-01-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete
NAME BILERONGS, EARL J
STREET ADDRESS 22 SAN JOSE DR
CITY-ST-ZIP PALM COAST FL 32135

TITLE DP ☒ Change ☐ Addition
NAME BILBROUGH, EARL J.
STREET ADDRESS 32 SAN JOSE DRIVE
CITY-ST-ZIP PALM COAST, FL 32137

TITLE VPD ☐ Delete
NAME MCDERMONT, JACK
STREET ADDRESS 24 SAN RAFAEL
CITY-ST-ZIP PALM COAST FL 32135

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

TITLE DT ☐ Delete
NAME SPENCE, BILL
STREET ADDRESS 25 SAN RAFAEL ST
CITY-ST-ZIP PALM COAST FL 32135

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

TITLE DS ☐ Delete
NAME REED, DON
STREET ADDRESS 4 SAN LUIS LANE
CITY-ST-ZIP PALM COAST FL 32135

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME BONFILI, BARBARA
STREET ADDRESS 8 SAN PEDRO COURT
CITY-ST-ZIP PALM COAST, FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000

Date

904-447-0616

Daytime Phone #

CR2E037 (9/99)