

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36745

1. Entity Name

LAKESIDE BY THE SEA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

PO BOX 351094
PALM COAST FL 32135
US

Mailing Address

PO BOX 351094
PALM COAST FL 32135
US

2. Principal Place of Business

3. Mailing Address

461 AIA Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St Augustine, FL

Zip

Country

Zip

Country

32080

St Johns

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

~~ANNON, FRED JR.~~

~~PALM COAST PROP MGMT~~

~~7 FLORIDA PARK DRIVE N STE G~~

~~PALM COAST FL 32137~~

Name

Philip H. Jacobs

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

JACOBS, JACOBS & ASSOC., INC.

461 AIA Bch Blvd.

City

St. Augustine

FL

Zip Code

32080

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME BILBROUGH, EARL J
STREET ADDRESS 32 SAN JOSE DRIVE
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

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

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

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

TITLE D
NAME BONFILI, BARBARA
STREET ADDRESS 8 SAN PEDRO CT
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE D
NAME Al Miller
STREET ADDRESS 10 San Pablo Court
CITY-ST-ZIP Palm Coast, Fl. 32137 ☐ Change ☒ Addition

TITLE DT
NAME Gary McLaren
STREET ADDRESS 16 San Pablo Court
CITY-ST-ZIP Palm Coast, Fl. 32137 ☐ Change ☒ Addition

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2002

Date

386-447-0616

Daytime Phone #

CR2E037 (9/01)

0059136



DO NOT WRITE IN THIS SPACE