2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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1. Entity Name
IOLA LAKESIDE VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
34851 S.R. 54 WEST, #101 ZEPHYRHILLS, FL 33541	34851 S.R. 54 WEST, #101 ZEPHYRHILLS, FL 33541

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04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3136780
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, CARL D
34851 S.R. 54 WEST, #101
ZEPHYRHILLS, FL 33541

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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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when registering)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILL, CARL D
STREET ADDRESS	34851 S.R. 54 WEST, #101
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	STD
NAME	HILL, KIMBERLY A
STREET ADDRESS	34851 S.R. 54 WEST, #101
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	VD
NAME	CORRADINI, FRANK
STREET ADDRESS	P.O. BOX 1273
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	TD
NAME	OTEY, PATRICIA A
STREET ADDRESS	PO BOX 661
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/07-80018-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 4/24 813-782-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #