## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATICÍN <sup>1</sup> ANNUAL RÉPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretery of Staff

DIVISION OF CORPORATIONS

1996

## DOCUMENT # N9500001873 (7) 1. Corporation Name

LAKESIDE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business Mailing Address

8709 HUNTER'S GREEN DRIVE TAMPA FL 33647

13. Date Incorporated or Qualified 3a. Date of Last Report

						3. Date Incorporated or Qualified 04/19/1995	te of Last Report		
2	Principal Place of Busin	10SS	2a. Mailing Address		4. FELNumber 3314858		Applied For		
21	18902 Green	Pine Lane	26			59-331483	Not Applicable		
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required		
23	City & State Tampa, Florida		Oity & State	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	<sup>Zip</sup> 33617	Country Hills.	Zip <b>29</b>	Country 30		This corporation has liability for in Florida Statutes	ntangible ta		
	9. Name	e and Address of Curr	ent Registered Agent	· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Re	agistered	Agent	
GREENE, WM. BRITTON 8709 HUNTERS GREEN DRIVE					81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83				
	TAMPA FL 33674			84	City			85 Zip Code	
1	Pursuant to the provis	sions of Sections 617.05	02 and 617.1508, Florid	a Statutes, the above-	named corpo	oration submits this statement for the purp	FL pose of cha		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agen) and title if applicable.	(NOTE: Regis	stered Agent signature required	d when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 12
TITLE	PD 🗆	ELETE	1.1 TITLE		Change	☐ Addition
NAME	GREENE, WM. BRITTON		1.2 NAME			
STREET ADDRESS	8709 HUNTER'S GREEN DRIVE	:	1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	DELETE	2 1 THLE		☐ Change	Addition
NAME	BLAKLEY, JOHN C		2.2 NAME			
STREET ADDRESS	8709 HUNTER'S GREEN DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647		2. 4 CITY - SJ - ZIP			
TITLE	STO	DELETE	3.1 TITLE		☐ Change	Addition
NAME	MCMURTRY, NELL L		3.2 NAME			
STREET ADDRESS	8709 HUNTER'S GREEN DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647	i	3 4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME		ľ	4. 2 NAME			
STREET ADDRESS		l	4.3 STREET ADDRESS	من والتور الله المتحد والتي والتي والتي والتي		
CITY-ST-ZIP			4.4 CITY - ST - ZIP	40000184	FU (3)4 ^(	
TITLE		DELETE	5.1 TITLE	<del>-05/28/96010</del>	21OEDChange	Addition
NAME			5.2 NAME	***61.25		
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP		L	5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			51.
STREET ADDRESS		1	6.3 STREET ADDRESS			1/ 12
CITY-ST-ZIP			6.4 CITY-ST-ZIP			• •

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on any fachment with an address.

SIGNATURE

TON BY THE WAS TRUEST BY AND THE PROPERTY OF DIRECTOR

3/25/96

(813) 991-4818

Daytime Prione #

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