FILE NOW: FILING FEE IS $61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001873 (7)**

1. Corporation Name
LAKESIDE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18902 GREEN PINE LANE TAMPA FL 33617	18902 GREEN PINE LANE TAMPA FL 33617

3. Date Incorporated or Qualified: 04/19/1995

4. FEI Number: 59-3314858 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7628 N 56TH STREET	26 7628 N 56TH STREET
Suite, Apt. #, etc. 22 SUITE 8	Suite, Apt. #, etc. 27 SUITE 8
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33617 / 25 US	Zip / Country 29 33617 / 30 US

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

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

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENE, WM. BRITTON 8709 HUNTERS GREEN DRIVE TAMPA FL 33674	81 Name: WILLIAM C SPIVEY 82 Street Address (P.O. Box Number is Not Acceptable): 7628 N 56TH STREET 83 SUITE 8 84 City: TAMPA FL 85 Zip Code: 33617

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 office or 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: WILLIAM C. SPIVEY 4/6/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREENE, WM. BRITTON 8709 HUNTER'S GREEN DRIVE TAMPA FL 33647	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D LANDAUER, KATHERINE 9446 HUNTER'S POND DR TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLAKLEY, JOHN C 8709 HUNTER'S GREEN DRIVE TAMPA FL 33647	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D HARTLEY, ALFRED H 9448 HUNTERS POND DR TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MCMURTRY, NELL L 8709 HUNTER'S GREEN DRIVE TAMPA FL 33647	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D PRASAD, ANGELA 9470 HUNTER'S POND DR TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 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 an attachment with an address.

SIGNATURE: KATHERINE G. LANDAUER Katherine G. Landauer 4/6/98 813-264-1706