NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # N9500001873

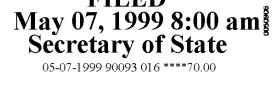
LAKESIDE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Busin	ies
7628 N 56TH ST STE 8 TAMPA FL 33617 US	

1. Corporation Name

Mailing Address 7628 N 56TH ST

STE 8



FILED

TA US	AMPA FL 33617 S		U:	AMPA FL 33617 S							
2.	Principal Place of Busin	ess	2a.	Mailing Address		Date Incorporated or Qualifed					
21			26			04/19/1995					
	Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. FEI Number Applied For					
22			27			59-3314858 Not Applicable					
	City & State		28	City & State	_	5. Certificate of Status Desired \$8.75. Additional Fee Required					
24	Zip	Country	29	Zip Cou	ntry	try 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			_		81	Name					
SPIVEY, WILLIAM C. 7628 N 56TH ST					82	Street Address (P.O. Box Number is Not Acceptable)					
	STE 8				83	13					
	TAMPA FL 33617				84	FL 85 Zip Code					
44			7.0	47 4500 Flands Ct-6.4 45		named correction submits this statement for the purpose of changing its registered					

replants to the provisions of Sections of 17,0002 and 017,1000, Florida States, the appointment corporation's board of directors. I hereby accept the appointment as 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.

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SIGNATURE	Stanature, typed or printed name of registered agent and title if applic	able (NOTE: Re	ristered Agent Signature	required when reinstating) DA	TE.	
12.	OFFICERS AND DIRECTO	<u> </u>	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	fD	Change	☐ Addition
NAME	LANDAUER, KATHERINE		1.2 NAME	LANDAUER, KATHERINE 9446 HUNTER'S POND DR		
STREET ADDRESS	9446 HUNTER'S POND DR		1.3 STREET ADDRESS	9446 HUNTERS POND DR		
CFTY-ST-ZIP	TAMPA FL 33647		1.4 CITY-ST-ZIP	TAMPA, FL 33647		
TITLE	D	DELETE	2.1 TITLE	VD '	Change	☐ Addition
NAME	HARTLEY, ALFRED H.		2.2 NAME	HARTLEY, ALFRED H. 9448 HUNTER'S POND DR		
STREET ADDRESS	9448 HUNTER'S POND DR		2.3 STREET ADDRESS	9448 HUNTER'S POND DK		
CITY-ST-ZIP	TAMPA FL 33647		2. 4 CITY-ST-ZIP	TAMPA, FL 33647		
TITLE	D ' " ' '	DELETE	3.1 TITLE	STD	☐ Change	Addition
NAME	PRASAD, ANGELA		3.2 NAME	GEORGES, NURI 9423 HUNTER'S POND DR		
STREET ADDRESS	9470 HUNTER'S POND DR		3.3 STREET ADDRESS			
CiTY-ST-ZIP	TAMPA FL 33647		3.4. CITY-ST-ZIP	TAMPA, FL 33647		
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME .			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			A COURT OF THE	I .		

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, with all other like empowered.

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