## **FILED** Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 90207 005 \*\*\*\*61.25

## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9500001873

1. Entity Name

LAKESIDE	: NEIGHBOHHOOD ASSOCIA	TION, IN	lG.						
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US		Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US				 	8181 81811 88111 18111 18311 88111 8811 <del>1</del>		<b>PAA</b> (11): ( <b>4)</b> ):
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City	& State ·			4. FEI Number <b>59-3314858</b>			oplied For
Zip	Country		Zip Co		<b>5.</b> Certificate		of Status Desired		ditional
	6. Name and Address of Current	Agent			7. Name and Add	dress of New Registered	Agent		
				Name	Name				
	MES W JR. MANAGEMENT INC			Street /	treet Address (P.O. Box Number is Not Acceptable)				
	ST SR 434 - STE 5000 IOD FL 32779							1 20	
				City			Fl	Zip Cod	e
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent.	· <del></del>		gistered office of			n the State of Florida. I am	familiar with,	and accept
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIF	RECTORS		11.		DDITIONS/CHANG	SES TO OFFICERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Landauer, Katherine 9446 Hunter's Pond Dr Tampa Fl 33647		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9454	IG DOUPNIK 4 HUNTERS F PA, FI. 336		☐ Change	☐ Addition
TITLE NAME Street Address City-St-Zip	VD HARTLEY, ALFRED H. 9448 HUNTER'S POND DR TAMPA FL 33647		□ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ONDERKO, RICHARD 9453 HUNTERS POND TAMPA FL 33647		<b>I</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME Street Adoress City-St-Zip	,		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition ,
NAME STREET ADDRESS CITY-ST-ZIP			Delete	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:

813-264-1706