

2-6-78 10-11664-1
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001120 (1)**
1. Corporation Name

LAKESIDERS ASSOCIATION OF CLEARWATER, INC.

Principal Place of Business 2165 GULF TO BAY BLVD. #237 CLEARWATER FL 34625	Mailing Address 2165 GULF TO BAY BLVD. #237 CLEARWATER FL 34625
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3. Date Incorporated or Qualified 02/27/1997	
4. FEI Number 59-2586731	Applied For Not Applicable

2. Principal Place of Business 21 c/o Robert J Drayton Suite, Apt. #, etc. 22 2165 Gulf to Bay Blvd. #725 City & State 23 Clearwater, Florida Zip 24 33765	2a. Mailing Address 25 Alfred Spallone Suite, Apt. #, etc. 26 2165 Gulf to Bay Blvd. #1028 City & State 27 Clearwater, Florida Zip 28 33765 Country 29 Pinellas Country 30 Pinellas
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SCHINDLER, URSULA
2165 GULF TO BAY BLVD. #237
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name Alfred Spallone	
82 Street Address (P.O. Box Number is Not Acceptable) 2165 Gulf to Bay Blvd. #1028	
83	
84 City Clearwater, FL 33765	85 Zip Code FL

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 617.0508, Florida Statutes.

SIGNATURE **Alfred Spallone, Director**

Signature, typed or printed name of registered agent and title if applicable.

Alfred Spallone
(NOTE: Registered Agent signature required when reinstating)

1-29-98
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAYTON, ROBERT J 2165 GULF TO BAY BLVD. #725 CLEARWATER FL 34625	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHINDLER, URSULA 2165 GULF TO BAY BLVD. #237 CLEARWATER FL 34625	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, TOM 2165 GULF TO BAY BLVD. #938 CLEARWATER FL 34625	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, HELEN 2165 GULF TO BAY BLVD. #1026 CLEARWATER FL 34625	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, NORMAN 2165 GULF TO BAY BLVD. #825 CLEARWATER FL 34625	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHER, LLOYD 2165 GULF TO BAY BLVD. #305 CLEARWATER FL 34625	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Pres. Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Dir. K. John Ruckh 2165 Gulf to Bay Blvd. #229 Clearwater, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secr. Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treas. Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Vice Pres. Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ROBERT J. DRAYTON** *Robert J. Drayton* **1-29-98** **443-6877**

CR2E037 (10/97)