

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

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90043 050 \*\*\*\*61.25

**DOCUMENT #**

1. Entity Name **LAKE SIDERS ASSOCIATION OF  
CAEARWATER FL. INC.**



**DO NOT WRITE IN THIS SPACE**

**94022153**

2. Principal Place of Business

**Rod Lease Lot 507**

Suite, Apt. #, etc.  
**2165 Gulf To Bay**

City & State  
**Clearwater FL**

3. Mailing Address

**Carole Blye Lot 829**

Suite, Apt. #, etc.  
**2165 Gulf To Bay**

City & State  
**Clearwater FL**

4. FEI Number

**592586731**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

**Carole Blye**

Suite, Apt. #, etc. (is Not Acceptable)

**Lot 829**

City **2165 Gulf To Bay**

**Clearwater FL**

**FL**

Zip Code  
**33765**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Carole I Blye**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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 DIRECTORS

TITLE **President**

NAME **Rod Lease**

STREET ADDRESS **2165 Gulf To Bay Lot 507**

CITY-ST-ZIP **Clearwater, FL 33765**

TITLE **Vice President**

NAME **Ursula Schindler**

STREET ADDRESS **2165 Gulf To Bay Lot 237**

CITY-ST-ZIP **Clearwater FL 33765**

TITLE **Treasurer**

NAME **Jean Wood**

STREET ADDRESS **2165 Gulf To Bay Lot 725**

CITY-ST-ZIP **Clearwater, FL 33765**

TITLE **Secretary**

NAME **Norma Summerton**

STREET ADDRESS **2165 Gulf To Bay Lot 633**

CITY-ST-ZIP **Clearwater FL 33765**

TITLE **Director**

NAME **Jim Mazzo**

STREET ADDRESS **2165 Gulf To Bay Lot 518**

CITY-ST-ZIP **Clearwater FL 33765**

TITLE **Director**

NAME **Roberta Vogas**

STREET ADDRESS **2165 Gulf To Bay Lot 342**

CITY-ST-ZIP **Clearwater FL 33765**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**HENRY R. LEASE 2/19/04 (727) 445 9340**

CR2E037B (12/02)