

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90132 037 \*\*\*\*61.25

04/30/03

**DOCUMENT # N97000001120**

1. Entity Name  
**LAKESIDERS ASSOCIATION OF CLEARWATER, INC.**



Principal Place of Business  
**C/O DANIEL REPKA  
2165 GULF TO BAY BLVD. #729  
CLEARWATER FL 33765  
US**

Mailing Address  
**ALFRED SPALLONE  
2165 GULF TO BAY BLVD #1028  
CLEARWATER FL 33765  
US**

**11043304**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**c/o Rod Lease**

Suite, Apt. #, etc.  
**2165 Gulf to Bay #507**

City & State  
**Clearwater, FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country  
**33765 USA**

4. FEI Number **59-2586731** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPALLONE, ALFRED  
2165 GULF TO BAY BLVD #1028  
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Alfred Spallone  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**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 DIRECTORS

TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>SPALLONE, ALFRED</b>	
STREET ADDRESS	<b>2165 GULF TO BAY BLVD #1028</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALEXANDER, NORMAN</b>	
STREET ADDRESS	<b>2165 GULF TO BAY BLVD #825</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LEASE, ROD</b>	
STREET ADDRESS	<b>2165 GULF TO BAY BLVD #243</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, NANCY</b>	
STREET ADDRESS	<b>2165 GULF TO BAY BLVD #744</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WINTER, KURT</b>	
STREET ADDRESS	<b>2165 GULF TO BAY BLVD #543</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REPKA, DANIEL</b>	
STREET ADDRESS	<b>2165 GULF TO BAY BLVD #729</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Roberta Vogus</b>	
STREET ADDRESS	<b>2165 Gulf to Bay Blvd # 342</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33765</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>#507</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ursula Schindler</b>	
STREET ADDRESS	<b>2165 Gulf to Bay # 2</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33765</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James Mazzo</b>	
STREET ADDRESS	<b>2165 Gulf to Bay Blvd # 518</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33765</b>	

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: Alfred Spallone **4/18/03** **727-461-7375**

CR2E037 (10/02)