

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

06 MAY 10 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000050416

1. Entity Name  
LAKESIDE VILLAGE PARTNERS, INC.



Principal Place of Business

211 N. RIDGEWOOD AVE  
200  
DAYTONA BCH, FL 32114

Mailing Address

211 N. RIDGEWOOD AVE  
200  
DAYTONA BCH, FL 32114

**DO NOT WRITE IN THIS SPACE**



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number

02-0719080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAXON, BERNICE S ESQ.  
201 E KENNEDY BLVD STE 600  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LEWIS, NORMA  
STREET ADDRESS 211 N. RIDGEWOOD AVE  
CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE VP  
NAME KELLY, CHRISTOPHER  
STREET ADDRESS 211 N. RIDGEWOOD AVE  
CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE C  
NAME KRETZER, JOHN  
STREET ADDRESS 211 N. RIDGEWOOD AVE  
CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE C  
NAME SAMPSON, LILLIAN D  
STREET ADDRESS 211 N. RIDGEWOOD AVE  
CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE C  
NAME COURTNEY, ROBIN A  
STREET ADDRESS 211 N. RIDGEWOOD AVE  
CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE S  
NAME GAMBLE, JOYOURS  
STREET ADDRESS 211 N. RIDGEWOOD AVE  
CITY-ST-ZIP DAYTONA BCH, FL 32114

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: Joyours Gamble Joyours Gamble 4/21/06 386-253-9313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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