

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 16 AM 11:02

DOCUMENT # **V02595**

(9)

1. Corporation Name

**LAKESIDE HILLS BEACH, INC.**

Principal Place of Business

307 BRIDLE PATH LANE  
ORMOND BEACH FL 32174  
US

Mailing Address

307 BRIDLE PATH LANE  
ORMOND BEACH FL 32174  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1991

3a. Date of Last Report

06/14/1994

4. FEI Number

59-3106718

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DURHAM, CHARLES A.  
30 BRIDLE PATH LN  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

SIGRID Y. DURHAM

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

307 BRIDLE PATH LANE

83

84 City

ORMOND BEACH

FL

85 Zip Code

32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Sigrid Y. Durham*

(NOTE: Registered Agent signature required when reappointing)

3-10-95

DATE

12. OFFICERS AND DIRECTORS

|                 |                      |
|-----------------|----------------------|
| TITLE           | D                    |
| NAME            | DURHAM, CHARLES A    |
| STREET ADDRESS  | 307 BRIDLE PATH LANE |
| CITY - ST - ZIP | ORMOND BEACH FL      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                        |                                                                              |
|---------------------|------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | P + D                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | SIGRID Y. DURHAM       |                                                                              |
| 1.3 STREET ADDRESS  | 307 BRIDLE PATH LANE   |                                                                              |
| 1.4 CITY - ST - ZIP | ORMOND BEACH, FL 32174 |                                                                              |
| 2.1 TITLE           | JIMMY M. YELVINGTON S  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            |                        |                                                                              |
| 2.3 STREET ADDRESS  | 614 N. YONGE STREET    |                                                                              |
| 2.4 CITY - ST - ZIP | ORMOND BEACH, FL 32174 |                                                                              |
| 3.1 TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                        |                                                                              |
| 3.3 STREET ADDRESS  |                        |                                                                              |
| 3.4 CITY - ST - ZIP |                        |                                                                              |
| 4.1 TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                        |                                                                              |
| 4.3 STREET ADDRESS  |                        |                                                                              |
| 4.4 CITY - ST - ZIP |                        |                                                                              |
| 5.1 TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                        |                                                                              |
| 5.3 STREET ADDRESS  |                        |                                                                              |
| 5.4 CITY - ST - ZIP |                        |                                                                              |
| 6.1 TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                        |                                                                              |
| 6.3 STREET ADDRESS  |                        |                                                                              |
| 6.4 CITY - ST - ZIP |                        |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sigrid Y. Durham*

SIGRID Y. DURHAM

2-24-95

(904) 672-9490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Corporate Phone #