

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30155

Entity Name: LAKESIDE CLUB, INC.**Current Principal Place of Business:**LAKESIDE CLUB, INC.
6100 TOUCAN DR.
ENGLEWOOD, FL 34224**Current Mailing Address:**LAKESIDE CLUB, INC.
6100 TOUCAN DR.
ENGLEWOOD, FL 34224 US**FEI Number:** 65-0097472**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGSWELL, EDWARD
6168 IVORYBILL DRIVE
ENGLEWOOD, FL 34224 US*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.***SIGNATURE:** EDWARD COGSWELL

03/01/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SERGEANT, TANYA
Address 8455 TANAKA DR
City-State-Zip: ENGLEWOOD FL 34224

Title ASSISTANT TREASURER
Name OLMSTEAD, BRUCE
Address 6083 TOUCAN DR
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name LAROCK, ROBERT
Address 6185 TERN DR.
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name AHLMAN, ALBERT
Address 6031 SHEARWATER DR
City-State-Zip: ENGLEWOOD FL 34224

Title SECRETARY
Name COGSWELL, EDWARD
Address 6168 IVORYBILL DRIVE
City-State-Zip: ENGLEWOOD FL 34224

Title ASST. SECRETARY
Name WALKER, SONIA
Address 6019 SHEARWATER DR
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name MAHONEY, KEVIN
Address 8473 TANAKA DR
City-State-Zip: ENGLEWOOD FL 34224

Title TREASURER
Name KELLERHALS, WILLIAM
Address 6058 SHEARWATER DR
City-State-Zip: ENGLEWOOD FL 34224

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD COGSWELL**SECRETARY**

03/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BLASETTI, BRENDA
Address	8436 NIGHTHAWK DR
City-State-Zip:	ENGLEWOOD FL 34224