

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30466

Entity Name: LAKESIDE RANCH INVESTMENT CORPORATION**Current Principal Place of Business:**400 LAKESIDE RANCH CIR
WINTER HAVEN, FL 33881**Current Mailing Address:**400 LAKESIDE RANCH CIR
WINTER HAVEN, FL 33881 US**FEI Number:** 59-2286724**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, J. BART
141 5TH ST, NW
WINTER HAVEN, FL 33881 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	LINZMEIER, LEONARD
Address	708 LAKESIDE RANCH
City-State-Zip:	WINTER HAVEN FL 33881

Title	SECRETARY
Name	WILSON, CAROL
Address	616 LAKESIDE RANCH LANE
City-State-Zip:	WINTER HAVEN FL 33881

Title	DIRECTOR
Name	CLEARY, PHILLIP
Address	400 LAKESIDE RANCH CIR
City-State-Zip:	WINTER HAVEN FL 33881

Title	2ND VP
Name	HARRINGTON, JIM
Address	400 LAKESIDE RANCH CIRCLE
City-State-Zip:	WINTER HAVEN FL 33881

Title	TREASURER
Name	JONES, CHUCK
Address	482 LAKESIDE RANCH CIRCLE
City-State-Zip:	WINTER HAVEN FL 33881

Title	DIRECTOR
Name	MILLER, KENT
Address	208 LAKESIDE RANCH CIRCLE
City-State-Zip:	WINTER HAVEN FL 33881

Title	1ST VP
Name	ELKINS, MERLE
Address	400 LAKESIDE RANCH CIRCLE
City-State-Zip:	WINTER HAVEN FL 33881

Title	DIRECTOR
Name	FORMOLO, PAUL
Address	400 LAKESIDE RANCH CIRCLE
City-State-Zip:	WINTER HAVEN FL 33881

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEONARD LINZMEIER

P

03/01/2016

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SIMON, AL
Address	700 LAKESIDE RANCH PL
City-State-Zip:	WINTER HAVEN FL 33881