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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90010 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 516033

1. Corporation Name

LAKESIDE GROVES, INC.

Principal Place of Business

Mailing Address

~~180 LANDOVER PLACE~~
LONGWOOD FL 32750

~~180 LANDOVER PLACE~~
~~#115~~
LONGWOOD FL 32750
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1976

4. FEI Number

59-1694898

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 641 N. Rio Grande Av
Suite, Apt. #, etc.

26 641 N. Rio Grande A
Suite, Apt. #, etc.

22 Attn: Diane Greatwood
City & State

27 Attn: Diane Greatwood
City & State

23 Orlando, Fl.
Zip Country

28 Orlando, Fl.
Zip Country

24 32805 25 USA

29 32805 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PALMER, HUGH~~
~~1150 LOUISIANA AVE~~
~~STE 5~~
~~WINTER PARK FL 32789~~

81 Name DIANE BASS GREATWOOD
82 Street Address (P.O. Box Number is Not Acceptable)
641 N. Rio Grande Ave.
83 Attn: LAKESIDE GROVES
84 City Orlando FL 85 Zip Code 32805

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

Diane Bass Greatwood

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

(NOTE: Registered Agent signature required when reinstating)

3-12-99
DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME BASS, GREATWOOD, DIANE
STREET ADDRESS 3521 PINETREE RD
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE PD
NAME PALMER, MARY W.
STREET ADDRESS 1900 E ADAMS DR
CITY-ST-ZIP MAITLAND FL ☐ DELETE

TITLE TD
NAME PALMER, MERRILL J.
STREET ADDRESS 2866 WILL O THE GREEN
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

TITLE SD
NAME GREATWOOD, RICHARD N.
STREET ADDRESS 641 N RIO GANDE AVE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Deceased ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Diane Bass Greatwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99
Date

407-426-7707
Daytime Phone #

CR2E034 (11/98)