


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90065 025 ****61.25

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1. Entity Name
LAKESIDE GARDENS II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**24100 TISEO BLVD UNIT 4
 PORT CHARLOTTE, FL 33980**

Mailing Address
**24100 TISEO BLVD UNIT 4
 PORT CHARLOTTE, FL 33980**

2. Principal Place of Business
26333 NADIR ROAD
 Suite, Apt. #, etc.

3. Mailing Address
26333 NADIR ROAD
 Suite, Apt. #, etc.


City & State
PUNTA GORDA, FL

City & State
PUNTA GORDA, FL

Zip
33983 Country
USA

Zip
33983 Country
USA

20022640



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
~~APPLIED FOR~~ **55-0859982** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOTITZKY, HAL F
 223 TAYLOR ST
 PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CULLEN, TERRANCE D	
STREET ADDRESS	26333 NADIR RD #211	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'NEILL, PAUL F	
STREET ADDRESS	62 LAWN AVE.	
CITY-ST-ZIP	QUINCY, MA 02169	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CULLEN, GEORGE B	
STREET ADDRESS	7351 POTTSBURG DR. #8	
CITY-ST-ZIP	JACKSONVILLE, FL 322162978	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAFATA, GASPAR	
STREET ADDRESS	6-A BURCH GROVE HEIGHTS	
CITY-ST-ZIP	GLOUCESTER, MA 01930	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHERINE COOK	
STREET ADDRESS	26333 NADIR RD, #212	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 617, 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: Terrance D. Cullen / TERRANCE D. CULLEN **3/10/05** (941) 764-8056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #