


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90072 022 \*\*\*\*61.25

**DOCUMENT # N03000004968**  
 1. Entity Name  
**LAKESIDE GARDENS II CONDOMINIUM ASSOCIATION, INC.**




Principal Place of Business      Mailing Address  
 26333 NADIR ROAD                      26333 NADIR ROAD  
 PUNTA GORDA FL 33983                  PUNTA GORDA FL 33983

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country



1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**55-0859982**      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: **TERRANCE D. CULLEN**

Street Address (P.O. Box Number is Not Acceptable): **26333 NADIR RD. #211**

City: **PUNTA GORDA**      FL      Zip Code: **33983**

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: Terrance D. Cullen / TERRANCE D. CULLEN, PRES      DATE: 4/30/2006

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 32216-2978	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOK, KATHERINE	
STREET ADDRESS	26333 NADIR RD #212	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT KAETZLER	
STREET ADDRESS	26333 NADIR RD #112	
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 exemptions contained in Section 119, 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 PRES      DATE: 4/30/2006      (941) 764-8056