


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90366 020 \*\*\*\*61.25

**DOCUMENT # N03000004968**

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



Principal Place of Business  
**26333 NADIR ROAD  
 PUNTA GORDA, FL 33983**

Mailing Address  
**26333 NADIR ROAD  
 PUNTA GORDA, FL 33983**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**55-0859982**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TERRANCE D. CULLEN  
 26333 NADIE RD #211  
 PUNTA GORDA, FL 33983**

**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, 2007**

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 type="checkbox"/> Delete
NAME	KAETZLER, KENT	
STREET ADDRESS	26333 NADIR RD #112	
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	D	<input checked="" 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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRETZLER, KENT	
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 Chapter 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** **3/8/2007** **(941) 764-8056**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #