


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State


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
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0859982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CULLEN, TERRANCE D 26333 NADIR RD #211 PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, PAUL F 62 LAWN AVE. QUINCY, MA 02169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CULLEN, GEORGE B 7351 POTTSBURG DR. #8 JACKSONVILLE, FL 322162978
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRETZLER, KENT 26333 NADIR RD #112 PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000842821
 03/11/08-80048-001 61.25

DO NOT WRITE IN THIS SPACE

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* **2/25/08** **(941) 764-8056**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #