

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31861** (0)

1. Corporation Name

LAKESIDE LAKE HOMES NEIGHBORHOOD ASSOCIATION, IN C.



Principal Place of Business

Mailing Address

P O BOX 7105
NAPLES FL 33941

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NAPLES FL 33941

3. Date Incorporated or Qualified
04/21/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number
65-0127431

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUETER, BEVERLY
C/O SUNBURST MGMT CORP
2079 J & C BLVD
NAPLES FL 33941

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~VB~~ ☐ DELETE
NAME PASSAU-BUCK, SHIRLEY
STREET ADDRESS 2808 SAILORS WAY
CITY-ST-ZIP NAPLES FL

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

TITLE ~~STD~~ ☒ DELETE
NAME ~~OREM, ANNE~~
STREET ADDRESS ~~2702 SAILORS WAY~~
CITY-ST-ZIP ~~NAPLES FL~~

2.1 TITLE VP, D ☐ Change ☒ Addition
2.2 NAME Sues, Charles
2.3 STREET ADDRESS 2710 SAILORS WAY
2.4 CITY-ST-ZIP Naples, FL 33942

TITLE ~~PD~~ ☐ DELETE
NAME ~~RYAN, EDWARD~~
STREET ADDRESS ~~2704 SAILORS WAY~~
CITY-ST-ZIP ~~NAPLES FL~~

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

TITLE STD ☐ DELETE
NAME KUHRE, DON
STREET ADDRESS 2706 SAILORS WAY
CITY-ST-ZIP NAPLES FL

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

TITLE ~~D~~ ☒ DELETE
NAME ~~CARLTON, JOHN~~
STREET ADDRESS ~~2012 SAILORS WAY~~
CITY-ST-ZIP ~~NAPLES FL~~

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

3/1/96 944/591-2040
Date Daytime Phone

CR2E037 (12/95)