

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 07 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31861 (0)**

1. Corporation Name  
**LAKESIDE LAKE HOMES NEIGHBORHOOD ASSOCIATION, IN C.**



Principal Place of Business <b>P O BOX 7105 NAPLES FL 33941</b>	Mailing Address <b>P O BOX 7105 NAPLES FL 34101-7105</b>
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3. Date Incorporated or Qualified <b>04/21/1989</b>	3a. Date of Last Report <b>04/29/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>65-0127431</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PASSAU-BUCK, SHIRLEY</b>		1.2 NAME	
STREET ADDRESS <b>2808 SAILORS WAY</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SUES, CHARLES</b>		2.2 NAME	
STREET ADDRESS <b>2710 SAILORS WAY</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>		2.4 CITY-ST-ZIP	
TITLE <del>PD</del>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>RYAN, EDWARD</del>		3.2 NAME	
STREET ADDRESS <del>2704 SAILORS WAY</del>		3.3 STREET ADDRESS	
CITY-ST-ZIP <del>NAPLES FL</del>		3.4 CITY-ST-ZIP	
TITLE <del>STD</del>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KUHRE, DON</b>		4.2 NAME	
STREET ADDRESS <b>2706 SAILORS WAY</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

S.O  
OREM, ANNE  
2702 SAILORS WAY  
NAPLES, FL.

T.D  
Kuhre, DONALD

14. I do 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 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 if changed, or on an attachment with an address.

**DONALD KUHRE, TREAS.**

CR2E037 (9/96)