FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N

131861

(0)

LAKESIDE LAKE HOMES NEIGHBORHOOD ASSOCIATION, IN

C.							
Principal Place of Business		Mailing Address				T I INCHIENT ONE WIND WOOD COINT RESULT NICH BIRM BIRM BERNY OLD IT SYND SYND.	
P O BOX 710		P O BOX 7105				3. Date Incorporated or Qualified	·
NAPLES FL S	1941	NAPLES FL 33941				04/21/1989	
1						4. FEI Number Applied F	·or
						65-0127431 Not Applied	_
2. Principal F	Place of Business	2s. Mailing Address				- £0.75	
21		26				5. Certificate of Status Desired S8.75 Addition Fee Required	iai
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Election Campaign Financing \$5.00 May Be	
City & Sta	te .	City & State				Trust Fund Contribution	
23		28				7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Со	untry	,	8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. X Yes No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
KUETER, BEVERLY				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
C/O SUNBURST MGMT CORP							
2079 J & C BLVD				83			
NAPLES	6 FL 33941			84	City	85 Zip Code	
					•	FL I''I ''	
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 a			d Age	ni signature require	red when reinstating) DATE	
12.		ND DIRECTORS	13.		·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	-PD-	☐ DELETE	1.1 70		$ \mathcal{D} $. ✓ Change □ Ad	dition
KAME	PASSAU-BUCK, SHIRLEY		1.2 N			,	
STREET ADDRESS	2808 SAILORS WAY		1.3 \$	TREET	ADDRESS		1
CITY-ST-ZIP	NAPLES FL	- I herere	_	TY-S			
TITLE	-VPO	☐ DELETE	2.1 11		D	, ₱	dition
NAME	SUES, CHARLES		2.2 N		1 '	•	
STREET ADDRESS CITY-ST-ZIP	2710 SAILORS WAY NAPLES FL				ADDRESS		
TITLE	-SD	DELETE	3.1 11	TIF	11-ZIP	Change Ad	dition
NAME	O'DEM, ANNE	y State of	3.1 N			Change C AD	GILLOH
STREET ADDRESS	2702 SAILORS WAY				4000500		
CITY-ST-ZIP	-NAPLES FL				ADDRESS		
TITLE	-10-	☐ DELETE	3.4. C	ITY-S		♥ Change	dition
NAME	KUHRE, DONALD		4.2 N		$ \mathcal{D}^{\epsilon} $	S ₁ T ⊠ Change □ Ad	union
STREET ADDRESS	2706 SAILORS WAY				1000ree		- 1
CITY-ST-ZIP	NAPLES FL			INEEL.	ADDRESS		

64 CITY-ST-ZIP

14. I 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

☐ DELETE

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

3/20/98 941/591-204

Addition

FILED

May 05 1998 8:00am

Secretary of State