

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90066 045 ****61.25

DOCUMENT # N31861

1. Entity Name

LAKESIDE LAKE HOMES NEIGHBORHOOD ASSOCIATION, IN

Principal Place of Business

Mailing Address

~~P O BOX 7105~~
~~NAPLES FL 33941~~

~~P O BOX 7105~~
~~NAPLES FL 34101 7105~~

2. Principal Place of Business

3. Mailing Address

7600 Airport Rd.

P.O. Box 110339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL.

NAPLES, FL.

Zip 34109

Country US

Zip 34108

Country US

4. FEI Number

65-0127431

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

2073 J+G BLVD.

City

FL

Zip Code

34109

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	NIENOW, GILL	
STREET ADDRESS	2000 SAILORS WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SUES, CHARLES	
STREET ADDRESS	2710 SAILORS WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KUHRE, DONALD	
STREET ADDRESS	2706 SAILORS WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nienow, William	
STREET ADDRESS	2802 SAILORS WAY	
CITY-ST-ZIP		
TITLE		<input 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		<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 exemption stated in Section 119.07(3)(f), 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: *x* ~~SIGNATURE REQUIRED~~ *Donald Kuhre*

4/26/00

591 1263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)