


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90119 010 \*\*\*\*61.25

<b>DOCUMENT # N31861</b>			
1. Entity Name <b>LAKESIDE LAKE HOMES NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business <b>7600 AIRPORT RD NAPLES, FL 34109</b>		Mailing Address <b>2706 SAILORS WAY NAPLES, FL 34109</b>	
<b>Advanced Property Management</b>			
2. Principal Place of Business <b>3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134</b>		3. Mailing Address <b>Advanced Property Management Service, Inc. 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134</b>	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>65-0127431</b>	
		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>KUHRE, DON 2706 SAILORS WAY NAPLES, FL 34109</b>		<b>Advanced Property Management Service, Inc. 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134</b>	
		City <b>Susan L. Thompson</b> Zip Code <b>FDK</b>	
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 <i>Susan L. Thompson</i>		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVA LOCKE, JIM 2714 SAILORS WAY NAPLES, FL</b> <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST KUHRE, DONALD 2706 SAILORS WAY NAPLES, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP Ralph Smith 2704 SAILORS WAY NAPLES, FL 34109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SUES, CHARLES 2710 SAILORS WAY NAPLES, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP Christopher Gagliano 2622 SAILORS WAY NAPLES, FL 34109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST Lillia Leibig 2632 SAILORS WAY NAPLES, FL 34109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jon Hall 2708 SAILORS WAY NAPLES, FL 34109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <i>Ralph E. Smith</i>		Date <b>04/29/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	