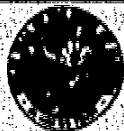


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P O BOX 7105
NAPLES FL 33941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0127431

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE ~~VPO~~
NAME ~~BALEE, GUNTHER~~
STREET ADDRESS ~~2720 SAILORS WAY~~
CITY-ST-ZIP ~~NAPLES FL~~

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

NAME RYAN, EDWARD
STREET ADDRESS 2704 SAILORS WAY
CITY-ST-ZIP NAPLES FL

TITLE ~~D~~
NAME KUHRE, DON
STREET ADDRESS 2708 SAILORS WAY
CITY-ST-ZIP NAPLES FL

TITLE ~~D~~
NAME CARLTON, JOHN
STREET ADDRESS 2812 SAILORS WAY
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~Change~~ ☐ Addition
1.2 NAME ☒ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
VD Shirley Passau-Buck
2808 SAILORS WAY
NAPLES, FL. 33942

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD RYAN

Date

4-10-95 813/591-2040

Daytime Phone