## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02764

FILED Mar 14, 2007 Secretary of State

Entity Name: LAKESIDE OF CHARLOTTE COUNTY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 25275 RAMPART BLVD PORT CHARLOTTE, FL 339836440 **Current Mailing Address: New Mailing Address:** 100 SULLIVAN ST PO BOX 7555 SUITE 112 NORTH PORT, FL 34287 US PUNTA GORDA, FL 33950 US FEI Number: 59-2681935 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GREENE, JOAN F BINDER, BRENDA S 100 SULLÍVAN ST 1485 FITZGERALD ROAD NORTH PORT, FL 34288 US SUITE 112 PUNTA GORDA, FL 33950 US 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: BRENDA S. BINDER 03/14/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CURLEY, CATHERINE Name: Name: 25275 RAMPART BLVD #202 Address: Address: City-St-Zip: PUNTA GORDA, FL 33983 City-St-Zip: ( ) Delete Title: SD Title: () Change () Addition HOUHOULIS, JAMES Name: Name: Address: 25275 RAMPART BLVD #503 Address: City-St-Zip: PUNTA GORDA, FL 33983 City-St-Zip: Title: () Delete Title: () Change () Addition SALLEY, PATRICIA Name: Name: 29 FRANKLIN RD Address: Address: City-St-Zip: FOSTER, RI 02825 City-St-Zip: Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: SCHULTE, DELORES Name: FELKEY, JOHN 25275 RAMPART BOULEVARD - #1203 25275 RAMPART BOULEVARD Address: Address: City-St-Zip: PUNTA GORDA, FL 33983 City-St-Zip: PUNTA GORDA, FL 33983 Title: () Delete Title: (X) Change ( ) Addition CHENEY, JOSEPH DELL'ORTO, TRUDY Name: Name: 25275 RAMPART BLVD, #102 25275 RAMPART BLVD, #903 Address: Address: City-St-Zip: PUNTA GORDA, FL 33983 City-St-Zip: PUNTA GORDA, FL 33983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE M. CURLEY PD 03/14/2007