2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N02764

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

Current Principal Place of Business:

25275 RAMPART BLVD
PORT CHARLOTTE, FL 339836440

New Principal Place of Business:

Current Mailing Address:

PO BOX 7555
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 59-2681935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BINDER, BRENDA S
1485 FITZGERALD ROAD
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CURLEY, CATHERINE	
Address:	25275 RAMPART BLVD #202	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	D	( ) Delete
Name:	HOUHOULIS, JAMES	
Address:	25275 RAMPART BLVD #503	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	TD	( ) Delete
Name:	SALLEY, PATRICIA	
Address:	29 FRANKLIN RD	
City-St-Zip:	FOSTER, RI 02825	
Title:	VPD	( ) Delete
Name:	FELKEY, JOHN	
Address:	25275 RAMPART BOULEVARD	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	SD	( ) Delete
Name:	DELL'ORTO, TRUDY	
Address:	25275 RAMPART BLVD, #903	
City-St-Zip:	PUNTA GORDA, FL 33983	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 CURLEY P 04/30/2009

Electronic Signature of Signing Officer or Director — Date