

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000004968**

1. Entity Name  
**LAKESIDE GARDENS II CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business

**26333 NADIR ROAD  
PUNTA GORDA, FL 33983**

Mailing Address

**26333 NADIR ROAD  
PUNTA GORDA, FL 33983**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**55-0859982**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TERRANCE D. CULLEN  
26333 NADIE RD #211  
PUNTA GORDA, FL 33983**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CULLEN, TERRANCE D
STREET ADDRESS	26333 NADIR RD #211
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	D
NAME	O'NEILL, PAUL F
STREET ADDRESS	62 LAWN AVE.
CITY-ST-ZIP	QUINCY, MA 02169
TITLE	ST
NAME	CULLEN, GEORGE B
STREET ADDRESS	7351 POTTSBURG DR. #8
CITY-ST-ZIP	JACKSONVILLE, FL 322162978
TITLE	VP
NAME	KRETZLER, KENT
STREET ADDRESS	26333 NADIR RD #112
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000842821  
03/11/08-80046-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Terrance D. Cullen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/25/08*

Date

*(941) 764-8056*

Daytime Phone #