


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90100 022 ****61.25

DOCUMENT # N03000009664 1. Entity Name FIDDLER'S GREEN LAKESIDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 101 NORMANDY WAY ROTONDA WEST, FL 33947			Mailing Address 8515 CREEKVIEW LN ENGLEWOOD, FL 34224		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WHITE, RUTH D 8515 CREEK VIEW LN ENGLEWOOD, FL 34224				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAFFER, HARRY <input checked="" type="checkbox"/> Delete 152 LONG MEADOW LN ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Adele Giulian <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 Cobia Dr Placida, FL 33946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIULIAN, ADELE <input type="checkbox"/> Delete 1797 WALDEN CT ENGLEWOOD, FL 34224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V and S Ken Mingerink <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 342 Placida, FL 33946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STEVENS, PHILIP <input type="checkbox"/> Delete 310 SALOM RD BILLERICA, MA 01821		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lolli Basile <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 228 W. 24th Place Chicago, IL 60616	
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	
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 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: <i>Ruth D. White, Manager</i> Ruth D. White					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1/20/07 Daytime Phone # 941-475-1977	