

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 27, 2010
Secretary of State

DOCUMENT# N04000008559

Entity Name: LAKESIDE HIDEAWAY AT BONITA SPRINGS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O COMPASS GROUP
3701 N TAMIAMI TRL
NAPLES, FL 34103**New Principal Place of Business:**C/O ADVANCED PROPERTY MANAGEMENT
1035 COLLIER CENTER WAY #7
NAPLES, FL 34110**Current Mailing Address:**C/O COMPASS GROUP
3701 N TAMIAMI TRL
NAPLES, FL 34103**New Mailing Address:**C/O ADVANCED PROPERTY MANAGEMENT
1035 COLLIER CENTER WAY #7
NAPLES, FL 34110**FEI Number:** 20-8675605**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CONDO & HOA LAW GROUP
2030 MCGREGOR BLVD
FORT MYERS, FL 33901 US**Name and Address of New Registered Agent:**ADVANCED PROPERTY MANAGEMENT
1035 COLLIER CENTER WAY #7
NAPLES, FL 34110 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: SUSAN L. THOMPSON

10/27/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA
Name: CHRISTOPHER, SCHLEEDE
Address: 5951 CURRY ROAD EXT
City-St-Zip: SCHENECTADY, NY 12303

Title: DIR
Name: BARBARA, BUCHANAN
Address: PO BOX 1942
City-St-Zip: BONITA SPRINGS, FL 34133

Title: DIR
Name: BENJAMIN, GORDON
Address: 641 LEXINGTON AVENUE 24TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: DIR
Name: LOUIS, BELANGER
Address: 7035 METIVER
City-St-Zip: MONTREAL,, QC H4K 2M7 CA

Title: DIR
Name: LAWRENCE, ANASZEWICZ
Address: 10020 MADDOX LANE #210
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PR
Name: CARL, NICKEL
Address: PO BOX 2325
City-St-Zip: BONITA SPRINGS, FL 34133

I hereby 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 all other like empowered.

SIGNATURE: CARL NICKEL

PR

10/27/2010

Electronic Signature of Signing Officer or Director

Date