2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29744

FILED Jan 19, 2009 Secretary of State

Entity Name: LAKESIDE OF NAPLES RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7600 AIRPORT RD N NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 7600 AIRPORT RD N NAPLES, FL 34109 FEI Number: 65-0127436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF, P.A. ATTN: GREGORY MARLER 999 VANDERBILT BEACH RD. #501 NAPLES, FL 34108 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PHILIP, LISA Name: Name: 2654 AFT AVE Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: Title: (X) Change () Addition () Delete MORSE, ROBERT T JR Name: PETRIK, BETTE Name: Address: 6306 TRAIL BLVD Address: 2864 MIZZEN WAY Y204 City-St-Zip: NAPLES, FL 33963 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: (X) Change () Addition MONZILLO, KEITH SIDERI, WARREN Name: Name: 2885 CITRUS LAKE DRIVE N-304 2541 CITRUS LAKE DR. A202 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: (X) Change () Addition HUNT, JEFFREY A Name: Name: FOSTER, SABINE 6306 TRAIL BLVD 2880 CITRUS LAKE DR. Q102 Address: Address: City-St-Zip: NAPLES, FL 33963 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: () Change () Addition CARPENTER, ERNEST Name: Name: 2720 SAILOR WAY Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: () Delete Title: (X) Change () Addition SULLIVAN, LINDA SULLIVAN, LINDA Name: Name: Address: SALORS WAY Address: 2517 SAILORS WAY NAPLES, FL 34109 NAPLES, FL 34109 City-St-Zip: 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: LISA PHILIP P 01/19/2009