## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N30310**

1. Entity Name
LAKESIDE AT FOUNTAIN LAKES NEIGHBORHOOD



**FILED** May 21, 2007 8:00 am Secretary of State 05-21-2007 90055 043 \*\*\*\*61.25

ASSOCIA	ATION, INC.								
22337 FOUNTAIN LAKES BLVD. 22			Mailing Address 22337 FOUNTAIN LAKES BLVD. ESTERO, FL 33928 US		4 U	11,000			
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0518200	7 Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Nur 65-01	nber 91051		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Cou	Intry	5. Certifica	ate of Status Desire	d 🗀	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of Nev	Registered	Agent	
	AWRENCE J. UNTAIN LAKES BLVD. FL 33928			Name Street Addr	ress (P.O. Box Nur	nber is Not Accepta	able)		
·				City			FL	Zip Cod	e
	named entity submits this statement fo	r the purpose of changing	its registere	ed office or req	gistered agent, or	both, in the State of	Florida. I am	familiar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE.									
i sar i arsi . Lii ara ara ara -	Signature, typed or printed name of registered agent	and title if applicable. (I	VOTE: Registered	d Agent signature re	required when reinstating)		DATE		
	Filing Fee is \$61.25 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution.					
	. —	1			\$5.00 Ma Added to Fe		Make chec lorida Depar		3.3
	ue by September 14, 2007 OFFICERS AND DIF	Trust Fun			Added to Fe		lorida Depar	tment of S	tate
10.	OFFICERS AND DIF	Trust Fun	d Contributi	ion.	Added to Fe	CHANGES TO OFF	Iorida Depar	RECTORS IN	tate
10.	ue by September 14, 2007 OFFICERS AND DIF	Trust Fur	11. TITLE	ion.	Added to Fe	CHANGES TO OFF	Iorida Depar	RECTORS IN	tate
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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.

CICNIATUDE.

5-17-07