

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30310

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** LAKESIDE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

22319 FOUNTAIN LAKES BLVD.  
ESTERO, FL 33928 US

**New Principal Place of Business:**

22349 FOUNTAIN LAKES BLVD.  
ESTERO, FL 33928 US

**Current Mailing Address:**

22319 FOUNTAIN LAKES BLVD.  
ESTERO, FL 33928 US

**New Mailing Address:**

22349 FOUNTAIN LAKES BLVD.  
ESTERO, FL 33928 US

**FEI Number:** 65-0191051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PACKER, MARGARET M  
22349 FOUNTAIN LAKES BLVD  
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

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:**

Title: DT ( ) Delete  
Name: PACKER, MARGARET  
Address: 22349 FOUNTAIN LAKE BLVD  
City-St-Zip: ESTERO, FL 33928 US

Title: PD ( ) Delete  
Name: ALFOLDY, STEVEN P.  
Address: 3900 SPRING GARDEN LANE  
City-St-Zip: ESTERO, FL 33928 US

Title: VD ( ) Delete  
Name: GOLDENBLOOME, ELIESE  
Address: 22385 FOUNTAIN LAKES BLVD.  
City-St-Zip: ESTERO, FL 33928 US

Title: DS ( ) Delete  
Name: BROUGHTON, JANET  
Address: 22419 FOUNTAIN LAKES BLVD  
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete  
Name: PERZICHILLI, SANDRA  
Address: 22491 FOUNTAIN LAKES BLVD.  
City-St-Zip: ESTERO, FL 33928

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: STEVEN P. ALFOLDY

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date