2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2007
Secretary of State

DOCUMENT# N31856

Entity Name: LAKESIDE CARRIAGE HOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4306 ARNOLD AVE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

PO BOX 110339
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-0127422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUETER, BEVERLY
C/O SUNBURST MGMT CORP
4306 ARNOLD AVE
NAPLES, FL 34104 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: DVP ( ) Delete
Name: SIDERI, WARREN
Address: 2541 CITRUS LAKE DR. #202
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: LINDENBAUM, BERT
Address: 2781 CITRUS LAKE DR #101
City-St-Zip: NAPLES, FL 34109

Title: DP ( ) Delete
Name: LATESSA, ANTHONY
Address: 2550 CITRUS LAKE DR, #201
City-St-Zip: NAPLES, FL 34109

Title: DST (X) Delete
Name: ROY, CAROL
Address: 2571 CITRUS LAKE DR. #201
City-St-Zip: NAPLES, FL 34109

Title: D (X) Delete
Name: PIDGEON, EARL
Address: 2611 CITRUS LAKE DR #203
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SIDERI, WARREN
Address: 2541 CITRUS LAKE DR. #202
City-St-Zip: NAPLES, FL 34109

Title: DT (X) Change ( ) Addition
Name: HOMILLER, WILLIAM
Address: 2611 CITRUS LAKE DR. #205
City-St-Zip: NAPLES, FL 34109

Title: DS (X) Change ( ) Addition
Name: WHITE, LUCINDA
Address: 2781 CITRUS LAKE DR. #102
City-St-Zip: NAPLES, FL 34109

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 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: WARREN SIDERI DP 04/07/2007

Electronic Signature of Signing Officer or Director — Date