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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31857 (8)
 1. Corporation Name

LAKESIDE GARDENS CONDOMINIUM A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 7105 NAPLES FL 33941
 Mailing Address: P.O. BOX 7105 NAPLES FL 34101-7105

3. Date Incorporated or Qualified: **04/21/1989**
 3a. Date of Last Report: **04/29/1996**
 4. FEI Number: **65-0127420**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 2a. Mailing Address
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country
 25 Country
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 Zip Country
 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUETER, BEVERLY
 C/O SUNBURST MGMT CORP
 2079 J & C BLVD
 NAPLES FL 33942**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	LUCAS, JAMES
STREET ADDRESS	2871 COTRUS LAKE DR 201
CITY-ST-ZIP	NAPLES FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	NORTON, JOHN
STREET ADDRESS	2851 CITRUS LAKE DR 304
CITY-ST-ZIP	NAPLES FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	ROSSIO, BONNIE
STREET ADDRESS	2071 CITRUS LAKE DRIVE #102
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S.T.D
3.3 STREET ADDRESS	HLADEK, STEVEN
3.4 CITY-ST-ZIP	2895 Citrus Lake Dr. #306
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Lucas* **JAMES LUCAS, Pres.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4/10/97** Daytime Phone #: **941/591-2040**
 0089222

CR2E037 (9/96)