

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31857 (8)**  
1. Corporation Name  
**LAKESIDE GARDENS CONDOMINIUM A CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>P.O. BOX 7105 NAPLES FL 33941</b>	Mailing Address <b>P.O. BOX 7105 NAPLES FL 33941</b>
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3. Date Incorporated or Qualified  
**04/21/1989**

4. FEI Number <b>65-0127420</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State Zip	24. City & State Zip

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUCAS, JAMES</b>		1.2 NAME	
STREET ADDRESS <b>2871 COTRUS LAKE DR 201</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>		1.4 CITY-ST-ZIP	
TITLE <del>VD</del>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>NORTON, JOHN</del>		2.2 NAME	
STREET ADDRESS <del>2851 COTRUS LAKE DR 304</del>		2.3 STREET ADDRESS <b>D, S, T Bonnie Rasio 2761 Citrus Lake Dr. #102 NAPLES, FL.</b>	
CITY-ST-ZIP <del>NAPLES FL</del>		2.4 CITY-ST-ZIP	
TITLE <del>OTD</del>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HLADEK, STEVEN</b>		3.2 NAME	
STREET ADDRESS <b>2805 CITRUS LAKE DRIVE #308</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 Hladek Date: 2/20/98 941/591-2040

CR2E037 (10/97)