

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90104 014 \*\*\*\*61.25

**DOCUMENT # N31857**

1. Entity Name

**LAKESIDE GARDENS CONDOMINIUM A CONDOMINIUM ASSOC**

Principal Place of Business	Mailing Address
<del>P.O. BOX 7105</del> <del>NAPLES FL 34101</del>	<del>P.O. BOX 7105</del> <del>NAPLES FL 34101 7105</del>



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2073 J+C Blvd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 110339</b> Suite, Apt. #, etc.
City & State <b>NAPLES, FL.</b>	City & State <b>NAPLES, FL.</b>
Zip <b>34109</b> Country <b>US</b>	Zip <b>34108.</b> Country <b>US</b>

4. FEI Number <b>65-0127420</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KUETER, BEVERLY**  
**C/O SUNBURST MGMT CORP**  
~~2679 J & G BLVD~~  
~~NAPLES FL 33942~~

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
**2073 J+C Blvd.**

City **FL** Zip Code **34109**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LUCAS, JAMES 2671 COTRUS LAKE DR 201 NAPLES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST ROSSIO, BONNIE 2761 CITRUS LAKE DRIVE #102 NAPLES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD HLADEK, STEVEN 2695 CITRUS LAKE DRIVE #308 NAPLES FL</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, D MONZILLO, Keith 2885 CITRUS LAKE DR. #304 NAPLES, FL.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: Signature Manipulated **Keith Monzillo** Date **4/24/00** Daytime Phone # **941-591-2040**

CF 2E037 (9/99)