2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 21, 2002 8:00 am Secretary of State **DOCUMENT # N31857** 1. Entity Name LAKESIDE GARDENS CONDOMINIUM A CONDOMINIUM ASSOC 05-21-2002 91194 033 ****61.25 IATION, INC. Mailing Address Principal Place of Business PO BOX 110339 2073 J & C BLVD NAPLES FL 34109 NAPLES FL 34108 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0127420 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) KUETER, BEVERLY C/O SUNBURST MGMT CORP 2073 J & C BLVD Zip Code City NAPLES FL 33942 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition D 16 Change TITLE PD. Delete TITLE vandernden, Roger 2895 Citry Lake Dr. # 201 NAME LUCAS: JAMES NAME STREET ADDRESS -2671 COTRUS LAKE DR 201 STREET ADDRESS MAPLER FL CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change ☐ Addition TITLE DST □ Delete TITLE NAME ROSSIO, BONNIE NAME STREET ADDRESS 2761 CITRUS LAKE DRIVE #102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change Addition TITI F ☐ Delete TITLE NAME MOZILLO, KEITH NAME STREET ADDRESS 2895 CITRUS LAKE DRIVE #306-STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

62

(9/01