

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2006  
Secretary of State**

DOCUMENT# N31857

**Entity Name:** LAKESIDE GARDENS CONDOMINIUM A 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: 65-0127420      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUETER, BEVERLY  
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: DST      ( ) Delete  
Name: ROSSIO, BONNIE  
Address: 2651 CITRUS LAKE DR. #102  
City-St-Zip: NAPLES, FL 34109

Title: DP      ( ) Delete  
Name: MONZILLO, KEITH  
Address: 2885 CITRUS LAKE DR. #304  
City-St-Zip: NAPLES, FL 34109

Title: DVP      ( ) Delete  
Name: COSTELLO, TOM  
Address: 2651 CITRUS LAKE DR #302  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEITH MONZILLO

DP

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date