

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90718 020 ****61.25

UBR0303

DOCUMENT # N31857

1. Entity Name

LAKESIDE GARDENS CONDOMINIUM A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

~~2670 J & G BLVD~~
~~NAPLES FL 34109~~

Mailing Address

~~PO BOX 110339~~
~~NAPLES FL 34108~~

2. Principal Place of Business

4306 ARNOLD Ave.

3. Mailing Address

P.O. Box 110339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number **65-0127420**

Applied For

Not Applicable

Zip

34104

Country

US

Zip

34108

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KUETER, BEVERLY
C/O SUNBURST MGMT CORP
~~2670 J & G BLVD~~
~~NAPLES FL 33942~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4306 ARNOLD Ave.

City **Naples**

FL

Zip Code

34104

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | VANDRMOLEN, ROGER | |
| STREET ADDRESS | 2885 CITRUS LAKE DR. #201 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | DGT | <input checked="" type="checkbox"/> Delete |
| NAME | ROSSIO, BONNIE | |
| STREET ADDRESS | 2701 CITRUS LAKE DRIVE #102 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | MOZZILLO, KEITH | |
| STREET ADDRESS | 2895 CITRUS LAKE DR. #304 | |
| 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 | | |

| | | |
|----------------|----------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D, S, T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COSTELLO, Tom | |
| STREET ADDRESS | 2651 CITRUS LAKE DR. #302 | |
| CITY-ST-ZIP | Naples, FL | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONZILLO | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Keith Monzillo
KEITH MONZILLO

4/25/03 239-263-7403

CR2E037 (10/02)