

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31859 (4)

1. Corporation Name
LAKESIDE GARDENS CONDOMINIUM B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: P. O. BOX 7105, NAPLES FL 33941
Mailing Address: P. O. BOX 7105, NAPLES FL 33941

3. Date Incorporated or Qualified: **04/21/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0127417**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **KUETER, BEVERLY C/O SUNBURST MGMT CORP 2079 J & C BLVD NAPLES FL 33963**
10. Name and Address of New Registered Agent (81-84) fields: Name, Street Address, City, State (FL), Zip Code.

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: VPB	<input type="checkbox"/> DELETE	1.1 TITLE: S, T, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BARBOZA, JAMES		1.2 NAME:	
STREET ADDRESS: 2820 CITRUS LAKE DR #204		1.3 STREET ADDRESS:	
CITY-ST-ZIP: NAPLES FL		1.4 CITY-ST-ZIP:	
TITLE: STD	<input type="checkbox"/> DELETE	2.1 TITLE: VP, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ADAIR, JACK		2.2 NAME:	
STREET ADDRESS: 2810 CITRUS LAKE DR #102		2.3 STREET ADDRESS:	
CITY-ST-ZIP: NAPLES FL		2.4 CITY-ST-ZIP:	
TITLE: PD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PRESS, STANLEY		3.2 NAME:	
STREET ADDRESS: 2860 CITRUS LK DR #202		3.3 STREET ADDRESS:	
CITY-ST-ZIP: NAPLES FL		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Stanley Press* Date: **3/1/96** Daytime Phone #: **941/391-2040**

CR2E037 (12/95)