Applied For

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N31859

LAKESIDE GARDENS CONDOMINIUM B CONDOMINIUM ASSOC IATION, INC.

Principal Place of Business
P. O. BOX 7105

2. Principa Place of Business

Suite, Apt: #, etc.

Mailing Address

P. O. BOX 7105 NAPLES FL 33941

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Apr 27, 1999 8:00 am § Secretary of State

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3. Date Ir corporated or Qualifed

04/21/1989

4. FEI Number

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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			⊢ ¬ '		•		1		" 🗆			, ,
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C/O SUNBURST MGMT CORP 2079 J & C BLVD NAPLES FL TIPE TIP												
NAPLES FL 33983					82	Street Acdress (P.O. Box Number is Not Acceptable)						
NAPLES FL 39863						83						
The provisions of Sections 517.0502 and 617.1508. Florida Statutes. the above-named or proration submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the app ointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the app ointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the app ointment as registered agent and the provision of the corporation's board of clirectors. I hereby accept the app ointment as registered agent, and accept the app ointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. In a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. In a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. In a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. In a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. In a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. In a familiar with, and accept the app ointment as registered agent, and the corporation and the corporation's board of clirectors. I hereby accept the app ointment as registered agent and the corporation and the corporation's board of clirectors. In the corporation's board of clirectors. In a familiar with, and accept the obligations of familiar states and the corporation's board of clirectors. In the corporation's board of clirectors. In a familiar with, and accept the obligations of familiar states and accept the corporation's board of clirectors. In a familiar with and accept the corporation's board of												
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12.	office cr registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the apt ointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE											
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indicated on this annual report or supplied which all small does not quality on the exemption stated in section 1.19.07(3)(i), Florida statutes. Flurther certify that the information indicated on this annual report is true and stated 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, with all other like empowered.

SIGNATURE: