

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90104 015 ****61.25

DOCUMENT # N31859

1. Entity Name

LAKESIDE GARDENS CONDOMINIUM B CONDOMINIUM ASSOC

Principal Place of Business

Mailing Address

~~P. O. BOX 7105~~
~~NAPLES FL 33941~~

~~P. O. BOX 7105~~
~~NAPLES FL 34101-7105~~

2. Principal Place of Business

3. Mailing Address

2073 J+C BLVD.
 Suite, Apt. #, etc.

P.O. Box 110339
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL.
 Zip
34109
 Country
US

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NAPLES, FL.
 Zip
34108
 Country
US

4. FEI Number
65-0127417

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUETER, BEVERLY
C/O SUNBURST MGMT CORP
~~2070 J & C BLVD~~
~~NAPLES FL 33960~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
2073 J+C BLVD.
 City
FL Zip Code
34109

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUDONI, EZZIO 2731 CITRUS LAKE DR., #104 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAIR, JACK 2810 CITRUS LAKE DR #102 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESS, STANLEY 2880 CITRUS LK DR #202 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Stanley Press** 4/25/00 941-591-2040

10/19/98