

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90038 036 ****61.25

DOCUMENT # N31859

1. Entity Name

LAKESIDE GARDENS CONDOMINIUM B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2073 J & C BLVD
 NAPLES FL 34109

P. O. BOX 110339
 NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0127417

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUETER, BEVERLY
2073 J & C BLVD
NAPLES FL 34109

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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	STD	<input checked="" type="checkbox"/> Delete
NAME	RUDONI, EZZIO	
STREET ADDRESS	2731 CITRUS LAKE DR., #104	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	ADAIR, JACK	
STREET ADDRESS	2010 CITRUS LAKE DR #102	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PRESS, STANLEY	
STREET ADDRESS	2060 CITRUS LK DR #202	
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	D.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foster, Sabine	
STREET ADDRESS	2880 CITRUS LAKE DR. # 102	
CITY-ST-ZIP	NAPLES, FL	
TITLE	D.V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FANO, SANTA	
STREET ADDRESS	2731 CITRUS LAKE DR. # 102	
CITY-ST-ZIP	NAPLES, FL	
TITLE	D.S.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEMANN, Robert	
STREET ADDRESS	2870 CITRUS LAKE DR. # 101	
CITY-ST-ZIP	NAPLES, FL	
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		
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. **Robert Hemann**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **4-26-02** **941-591-2040**

CR2E037 (9/01)