


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90119 008 \*\*\*\*61.25

<b>DOCUMENT # N31859</b>			
1. Entity Name LAKESIDE GARDENS CONDOMINIUM B CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7600 AIRPORT RD N NAPLES, FL 34109		Mailing Address 2880 CITRUS LAKE DR #102 NAPLES, FL 34109	
2. Principal Place of Business		3. Mailing Address	
Advanced Property Management Service, Inc. City & State 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134		Advanced Property Management Service, Inc. City & State 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134	
4. FEI Number 65-0427417		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, SABINE 2880 CITRUS LAKE DR #102 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name: Susan L Thompson Street Address: Advanced Property Management Service, Inc. City: 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Susan L. Thompson</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: DP NAME: FOSTER, SABINE STREET ADDRESS: 2880 CITRUS LAKE DR #102 CITY-ST-ZIP: NAPLES, FL	<input checked="" type="checkbox"/> Delete	TITLE: DVP NAME: Noreen McGarry STREET ADDRESS: 2761 Citrus Lake Dr H-202 CITY-ST-ZIP: Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DVP NAME: BOVEY, RAYMOND STREET ADDRESS: 2820 CITRUS LAKE DR #101 CITY-ST-ZIP: NAPLES, FL	<input type="checkbox"/> Delete	TITLE: DP NAME: Raymond Bovey STREET ADDRESS: 2820 Citrus Lake Dr. T-101 CITY-ST-ZIP: Naples, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DST NAME: HERMANN, ROBERT STREET ADDRESS: 2870 CITRUS LAKE DR #101 CITY-ST-ZIP: NAPLES, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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: <i>Raymond Bovey</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Daytime Phone #: _____	

