## 2004 NOT-FOR-PROFIT CORPORATION

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

## **ANNUAL REPORT**

DOCUMENT # N31859  1. Entity Name LAKESIDE GARDENS CONDOMINIUM B CONDOMINIUM ASSOCIATION, INC.							Y 01 St 119 008 ****6		
Principal Place 7600 AIRPO NAPLES, FL		Mailing Address 2880 CITRUS LAKE DR #102 NAPLES, FL 34109		,					
·	Place of Business	3. Mailing Address		-	. (42112) -24 1107	11201 1=127 BHIS 1211 2124			
Advanced Broperty Managements Service, Inc.		ent Suite, Atdvanced	atte. Atdvanced Property M		nagement <sub>ci</sub>	ng-NP C	CR2E037 (10/03)		
3350 Wo	ods Edge Circle, Ste 104	City & Service, In	<del>6. — —</del> ds Edae C	ircle.	4. FEI Number Ste <b>65-04274</b> 1		— <del>— —</del>	oplied For ot Applicable	
Bozata Sp	orings, FL 84434	<sup>Zip</sup> Bonita Spr	in <del>go</del> ,⇔FL 3	34134	5. Certificate of St		\$8.75 Add	titional	
	6. Name and Address of Current F	legistered Agent			7. Name and Add	ress of New Regi			
FOSTER, SABINE				5	isan	1 77-	1000	$\overline{\cap}$	
2880 CITE	RUS LAKE DR #102		Street Address			Walkerd Property Management			
NAPLES,	FE 34109			Ser	vice, Inc.				
	•		City		ito Springs	·	Ste 104 FL Zp cod	e	
	named entity submits this statement for	the purpose of changing its re	gistered office or	registere	nita Springs, ed agent, or both, in	the State of Florida	a. I am familiar with,	and accept	
							_		
the obtigat	tions of registered agent.						•		
the obligat	Susan L. Ihr	yota			<u></u> -		·		
٠,	Bons of registered agent.  July J. July Signature, typed or printed name of registered agent a	nd tide if applicable. ONOTE: R	egistered Agent signatu	are required	when reinstating)		DATE		
٠,	Susan L. Ihr	9. Election Camp Trust Fund Col	aign Financing		when reinstating) \$5.00 May Be Added to Fees		DATE  check payable to Department of St		
٠,	Styreture, typed or printed name of registered agent at Filling Fee is \$61.25	P. Election Camp     Trust Fund Coa  ECTORS	aign Financing htribution.		\$5.00 May Be Added to Fees	Florida	check payable to	tate	
SIGNATURE  10.	Skyrature, typed or private name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR	9. Election Camp Trust Fund Co	aign Financing ntribution.		\$5.00 May Be Added to Fees DDITIONS/CHANG	Florida ES TO OFFICERS	check payable to Department of Si	tate	
SIGNATURE	Skyrature, typed or private name of registered agent a  Filling Fee is \$61.25  Due by May 1, 2004  OFFICERS AND DIR  DP  FOSTER, SABINE	P. Election Camp     Trust Fund Coa  ECTORS	aign Financing htribution.	DUF	\$5.00 May Be Added to Fees ODITIONS/CHANG	Florida ES TÓ OFFICERS	e check payable to Department of SI AND DIRECTORS IN	l 10	
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SIGNATURE  10.  IIIIE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Skyreture, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR  DP FOSTER, SABINE 2880 CITRUS LAKE DR #102 NAPLES, FL DVP	P. Election Camp     Trust Fund Coa  ECTORS	aign Financing ntribution.  11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	DUF Nore 276 Nag	\$5.00 May Be Added to Fees DDITIONS/CHANGI LEN HCC I CITUS	Florida ESTO OFFICERS. Jarry Lake Dr 34109	e check payable to Department of SI  AND DIRECTORS IN  Change  H-202	tate 110 VA Addition	
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SIGNATURE  10.  IIILE NAME STREET ADDRESS GITY-ST-ZIP  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME	Signature, typed or printed name of registered agent at Filling Fee is \$81.25  Due by May 1, 2004  OFFICERS AND DIR  DP FOSTER, SABINE 2880 CITRUS LAKE DR #102 NAPLES, FL  DVP BOVEY, RAYMOND 2820 CITRUS LAKE DR #101 NAPLES, FL  DST HERMANN, ROBERT	9. Election Camp Trust Fund Cor ECTORS  Delete	aign Financing ntribution.  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS	DUP Nore 276 Nag DP Ray 289	\$5.00 May Be Added to Fees DDITIONS/CHANGI EN HCG I CITTUS VIES, FL LUOND E O CITTUS	Florida ESTO OFFICERS. Harry Lake Dr 34109 Duey Lake I	e check payable to Department of SI  AND DIRECTORS IN  Change  H-202  Change	tate  1 10  Addition	
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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

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND THEN OF PRINTED HAME OF SIGNING OFFICER OR DE	MECTOR Date	 Davime Phone #	
changed, or on an attachment with an address, with all other like empowered.	•		
changed, or on an attachment with an address, with all other like empowered.	•		