


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90305 049 ****61.25

DOCUMENT # N31859			
1. Entity Name LAKESIDE GARDENS CONDOMINIUM B CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4306 ARNOLD AVE. NAPLES, FL 34104 US		Mailing Address P.O. BOX 110339 NAPLES, FL 34108 US	
2. Principal Place of Business 3940 Radio Rd # 111 Suite, Apt. #, etc.		3. Mailing Address Anchor Associates, Inc 3940 Radio Rd # 111 Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples FL	
Zip 34104		Country USA	
4. FEI Number 65-0127417		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 KUETER, BEVERLY L C/O SUNBURST MGMT. 4306 ARNOLD AVE. NAPLES, FL 34104		7. Name and Address of New Registered Agent Name: Anchor Associates, Inc Street Address (P.O. Box Number if Not Applicable): 3940 Radio Rd # 111 City: Naples FL Zip Code: 34104	
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: <u>Shirley Hingston</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DP MCGARRY, NOREEN 2761 CITRUS LAKE DR. #202 NAPLES, FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sabine Foster 2880 Citrus LAKE DR # 102 Naples, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RUDONI, JIM 2731 CITRUS LAKE DR. #104 NAPLES, FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Suzanne Condon Citrus Lake Dr Naples FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HEMANN, ROBERT 2870 CITRUS LAKE DR #101 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" 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 exemptions contained in Chapter 119, 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 life empowered.			
SIGNATURE: <u>Shirley Hingston</u>		Date: <u>4-30-06</u> Daytime Phone #: <u>239-649-6357 x203</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			