

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31859

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: LAKESIDE GARDENS CONDOMINIUM B CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

3940 RADIO RD #111  
NAPLES, FL 34104 US

## New Principal Place of Business:

C/O COMPASS GROUP  
3701 TAMIAMI TRAIL N, 3RD FLOOR  
NAPLES, FL 34103 US

## Current Mailing Address:

ANCHOR ASSOCIATES, INC.  
3940 RADIO RD #111  
NAPLES, FL 34104 US

## New Mailing Address:

C/O COMPASS GROUP  
3701 TAMIAMI TRAIL N, 3RD FLOOR  
NAPLES, FL 34103 US

FEI Number: 65-0127417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANCHOR ASSOCIATES INC.  
3940 RADIO RD #111  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

COMPASS GROUP  
3701 TAMIAMI TRAIL N, 3RD FLOOR  
NAPLES, FL 34103 US

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: JEFF MITCHELL

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FOSTER, SABINE  
Address: 2880 CITRUS LAKE DR #102  
City-St-Zip: NAPLES, FL 34109

Title: DT ( ) Delete  
Name: CONDON, SUZANNE  
Address: 2880 CITRUS LAKE DR #102  
City-St-Zip: NAPLES, FL 34109

Title: DS ( ) Delete  
Name: HEMANN, ROBERT  
Address: 2870 CITRUS LAKE DR #101  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FOSTER, SABINE  
Address: 2880 CITRUS LAKE DR #102  
City-St-Zip: NAPLES, FL 34109

Title: S/T (X) Change ( ) Addition  
Name: CONDON, SUZANNE  
Address: 2880 CITRUS LAKE DR #102  
City-St-Zip: NAPLES, FL 34109

Title: VP (X) Change ( ) Addition  
Name: HERMANN, ROBERT  
Address: 2870 CITRUS LAKE DR #101  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABINE G FOSTER

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date