

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90259 026 \*\*\*\*61.25

0054037

**DOCUMENT # N31859**

1. Entity Name  
**LAKESIDE GARDENS CONDOMINIUM B CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

~~2070 J & G BLVD~~      ~~P. O. BOX 110000~~  
~~NAPLES FL 34109~~      ~~NAPLES FL 34108~~

2. Principal Place of Business      3. Mailing Address


**7600 Airport Rd. N.**      **2880 Citrus Lake Dr.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
#102

City & State      City & State

**NAPLES, FL**      **NAPLES, FL**

Zip      Country      Zip      Country

**34109**      **US**      **34109**      **US**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0127417**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~KUETER, BEVERLY~~  
~~2070 J & G BLVD~~  
~~NAPLES FL 34109~~

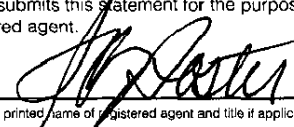
7. Name and Address of New Registered Agent

Name **SABINE FOSTER**

Street Address (P.O. Box Number is Not Acceptable)  
**2880 Citrus Lake Dr. #102**

City **NAPLES, FL**      Zip Code **34109**

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  **SABINE FOSTER**      DATE **04/29/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>FOSTER, SABINE</b>	
STREET ADDRESS	<b>2880 CITRUS LAKE DR #102</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<del>DVP</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>FANO, STEVE</del>	
STREET ADDRESS	<del>2701 CITRUS LAKE DR #102</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>HERMANN, ROBERT</b>	
STREET ADDRESS	<b>2870 CITRUS LAKE DR #101</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D,VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOVEY, RAYMOND</b>	
STREET ADDRESS	<b>2820 CITRUS LAKE DR. #101</b>	
CITY-ST-ZIP	<b>NAPLES, FL</b>	
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 or other like empowered.

SIGNATURE:  **SABINE FOSTER**      DATE **04/29/03**      **239-591-1661**

CR2E037 (10/02)