FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31860 (2)

1. Corporation Name
LAKESIDE VILLAS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O KATHLEEN C. PACCIDOMO~~ POST OFFICE BOX 7105 NAPLES FL 33941	~~C/O KATHLEEN C. PACCIDOMO~~ POST OFFICE BOX 7105 NAPLES FL 33941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0127425 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Sunburst Mgmt. Corp	26 c/o Sunburst Mgmt. Corp.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BEVERLY KUETER
C/O SUNBURST MGMT CORP
2079 J & C BLVD.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~STD~~	1.1 TITLE	STD	☑ Change ☐ Addition
NAME	~~KLEIN, RITA~~	1.2 NAME	HOWARD SMITH	
STREET ADDRESS	~~2519 SAILORS WAY~~	1.3 STREET ADDRESS	2501 SAILORS WAY	
CITY-ST-ZIP	~~NAPLES FL~~	1.4 CITY-ST-ZIP	NAPLES, FL. 33942	
TITLE	~~VPD~~	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	~~COHEN, HARRY~~	2.2 NAME	JERROLD DAVIS	
STREET ADDRESS	~~2610 SAILORS WAY~~	2.3 STREET ADDRESS	2525 SAILORS WAY	
CITY-ST-ZIP	~~NAPLES FL~~	2.4 CITY-ST-ZIP	NAPLES, FL. 33942	
TITLE	~~D~~	3.1 TITLE	D	☑ Change ☐ Addition
NAME	~~GABRIEL, JEANNETTE~~	3.2 NAME	SANDRA LICATA	
STREET ADDRESS	~~2521 SAILORS WAY~~	3.3 STREET ADDRESS	7751 JIB LANE	
CITY-ST-ZIP	~~NAPLES FL~~	3.4 CITY-ST-ZIP	NAPLES, FL. 33942	
TITLE	D	4.1 TITLE	D	☑ Change ☐ Addition
NAME	SMITH, RAY	4.2 NAME	RICHARD BRUNELLE	
STREET ADDRESS	2515 SAILORS WAY	4.3 STREET ADDRESS	2606 SAILORS WAY	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL. 33942	
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	CULLINA, JOE	5.2 NAME		
STREET ADDRESS	2614 SAILORS WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Cullina 4/10/95 813/591-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joseph Cullina

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