FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N31860 (2)

1. Corporation Name

LAKESIDE VILLAS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SINBURST MGT CORP POST OFFICE BOX 7105 NAPLES FL 33941 US	C/O SUNBURST MGT CORP POST OFFICE BOX 7105 NAPLES FL 33941 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 04/21/1989	3a. Date of Last Report: 05/01/1995
21	26	4. FEI Number: 65-0127425	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~STD~~	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~SMITH, HOWARD~~		1.2 NAME		
STREET ADDRESS	~~2501 SAILORS WAY~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~NAPLES FL~~		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JERRY		2.2 NAME		
STREET ADDRESS	2525 SAILORS WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	~~D~~	☐ DELETE	3.1 TITLE	S,T,D	☑ Change ☐ Addition
NAME	LICATA, SANDRA		3.2 NAME		
STREET ADDRESS	7751 JIB LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRUNELLE, RICHARD		4.2 NAME		
STREET ADDRESS	2606 SAILORS WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 C. Cullina 3/5/96 941/591-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #