FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90158 023 ****61.25

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DOCUMENT # N31860

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 — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

3. Date Incorporated or Qualifed: 04/21/1989

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

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 _____ 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	~~DS~~	☐ DELETE	1.1 TITLE	D, S, T	☑ Change ☐ Addition
NAME	O'BRIEN, ~~JACK~~		1.2 NAME	O'Brien, John	
STREET ADDRESS	2502 SAILORS WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	~~DT~~	☑ DELETE	2.1 TITLE	D, P	☐ Change ☑ Addition
NAME	~~BRUNELLE, RICHARD~~		2.2 NAME	Pithl, Carol	
STREET ADDRESS	~~2606 SAILORS WAY~~		2.3 STREET ADDRESS	2501 Sailors Way	
CITY-ST-ZIP	~~NAPLES FL~~		2.4 CITY-ST-ZIP	Naples, FL.	
TITLE	~~D~~	☑ DELETE	3.1 TITLE	D, VP	☐ Change ☑ Addition
NAME	~~CULLINA, HELEN~~		3.2 NAME	Miller, Tom	
STREET ADDRESS	~~2614 SAILORS WAY~~		3.3 STREET ADDRESS	2525 Sailors Way	
CITY-ST-ZIP	~~NAPLES FL~~		3.4 CITY-ST-ZIP	Naples, FL.	
TITLE	~~VPD~~	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	~~SMITH, RAYMOND~~		4.2 NAME	Fischer, Nancy	
STREET ADDRESS	~~2515 SAILORS WAY~~		4.3 STREET ADDRESS	2522 Sailors Way	
CITY-ST-ZIP	~~NAPLES FL~~		4.4 CITY-ST-ZIP	Naples, FL.	
TITLE	~~PD~~	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	~~PLOTKIN, WILLIAM~~		5.2 NAME	Patterson, Jeannie	
STREET ADDRESS	~~2531 SAILORS WAY~~		5.3 STREET ADDRESS	1751 Jib Ln.	
CITY-ST-ZIP	~~NAPLES FL~~		5.4 CITY-ST-ZIP	Naples, FL.	
TITLE	~~D~~	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	~~DAVIS, JERRY~~		6.2 NAME		
STREET ADDRESS	~~2525 SAILORS WAY~~		6.3 STREET ADDRESS		
CITY-ST-ZIP	~~NAPLES FL~~		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED John O'Brien, Secretary 4/22/99 941/591-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #