2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31860

1. Entity Name

LAKESIDE VILLAS NEIGHBORHOOD ASSOCIATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90066 043 ****61.25

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 34101-7105~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 2073 J+C BLVD.	Suite, Apt. #, etc.: P.O. Box 110339
City & State: Naples, FL.	City & State: Naples, FL.
Zip: 34109 Country: US.	Zip: 34108 Country: US

4. FEI Number: 65-0127425 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEVERLY KUETER C/O SUNBURST MGMT CORP ~~2079 J & C BLVD.~~ NAPLES FL ~~33942~~	Name Street Address (P.O. Box Number is Not Acceptable): 2073 J+C BLVD. City: 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.

SIGNATURE _____
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DST~~ O'BRIEN, JOHN 2502 SAILORS WAY NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,T	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PAHL, CAROL 2501 SAILORS WAY NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DV~~ ~~MILLER, TOM~~ ~~2525 SAILORS WAY~~ ~~NAPLES FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,VP Castle, Craig 2506 Sailors Way Naples, FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ FISCHER, NANCY 2522 SAILORS WAY NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,S	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~PATTERSON, JEANNIE~~ ~~7751 JIB LN~~ ~~NAPLES FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 all other like empowered.

SIGNATURE: CAROL PAHL X SIGNATURE REQUIRED 4/24/2000 941-591-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #