2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N31860

Entity Name: LAKESIDE VILLAS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

4306 ARNOLD AVE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 110339
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0127425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEVERLY KUETER
4306 ARNOLD AVE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVE
NAPLES, FL 34104 US

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: BEVERLY KUETER 04/26/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: O'BRIEN, JACK
Address: 2502 SAILORS WAY
City-St-Zip: NAPLES, FL

Title: DP ( ) Delete
Name: PAHLCASTLE, CRAIG
Address: 2506 SAILORS WAY
City-St-Zip: NAPLES, FL

Title: DS ( ) Delete
Name: WOOD, KATHY
Address: 2511 SAILORS WAY
City-St-Zip: NAPLES, FL

Title: D (X) Delete
Name: HERBER, ROBERT
Address: 2518 SAILORS WAY
City-St-Zip: NAPLES, FL

Title: DVP (X) Delete
Name: LEDBETTER, MARGO
Address: 2522 SAILORS WAY
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: O'BRIEN, JACK
Address: 2502 SAILORS WAY
City-St-Zip: NAPLES, FL 34109

Title: DP (X) Change ( ) Addition
Name: CASTLE, CRAIG
Address: 2501 SAILORS WAY
City-St-Zip: NAPLES, FL 34109

Title: DST (X) Change ( ) Addition
Name: HERBER, ROBERT
Address: 2518 SAILORS WAY
City-St-Zip: NAPLES, FL 34109

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG CASTLE D/P 04/26/2005
Electronic Signature of Signing Officer or Director Date