

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90073 013 ****61.25

DOCUMENT # N31860

1. Entity Name
LAKESIDE VILLAS NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
4306 ARNOLD AVE
NAPLES, FL 34104 US

Mailing Address
PO BOX 110339
NAPLES, FL 34108 US

40107300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0127425

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~KUETER, BEVERLY~~
~~4306 ARNOLD AVE~~
~~NAPLES, FL 34104~~

Name
Kevin P. Gaffney
Street Address (P.O. Box Number is Not Acceptable)

3400 TAMiami Trl. N # 302

City
Naples FL Zip Code
34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kevin P. Gaffney

4/30/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
O'BRIEN, JACK
2502 SAILORS WAY
NAPLES, FL 34109 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
Patterson, Jeanie
7751 Tib Lane
Naples, FL 34109 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CASTLE, CRAIG
2501 SAILORS WAY
NAPLES, FL 34109 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Sullivan, Linda
2517 Sailors way
Naples, FL 34109 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HERBER, ROBERT
2518 SAILORS WAY
NAPLES, FL 34109 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
O'Brien, Rita
2502 Sailors way
Naples, FL 34109 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Kevin P. Gaffney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #