

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31861

FILED
Apr 09, 2009
Secretary of State

Entity Name: LAKESIDE LAKE HOMES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2720 SAILORS WAY
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2720 SAILORS WAY
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0127431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, ERNIE
2720 SAILORS WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARPENTER, ERNIE
Address: 2720 SAILORS WAY
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: HALL, JON
Address: 2708 SAILORS WAY
City-St-Zip: NAPLES, FL 34109

Title: S () Delete
Name: SIRE, DOLORES
Address: 2624 SAILORS WAY
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: MCGLOIN, ELLEN
Address: 2620 SAILORS WAY
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: LOCKE, JIM
Address: 2714 SAILORS WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: T (X) Change () Addition
Name: FETTERS, ART
Address: 2724 SAILORS WAY
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATTY L WILLIAMS, ACCOUNTANT

ACCT

04/09/2009

Electronic Signature of Signing Officer or Director

Date