

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90196 001 \*\*\*\*61.25

<b>DOCUMENT # N31862</b> 1. Entity Name <b>LAKESIDE PATIO HOMES NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>ADVANCED PROPERTY MGMT. SERVICE INC.</b> <b>3350 WOODS EDGE CIRCLE, STE. 104</b> <b>BONITA SPRINGS, FL 34134 US</b>				Mailing Address <b>ADVANCED PROPERTY MGMT. SERVICE INC.</b> <b>3350 WOODS EDGE CIRCLE, STE. 104</b> <b>BONITA SPRINGS, FL 34134 US</b>	
2. Principal Place of Business <i>Advanced Property Mgmt</i> Suite, Apt. #, etc.		3. Mailing Address <i>1035 Collier Center Way</i> Suite, Apt. #, etc.			
City & State _____		City & State <i>Naples FL</i>		4. FEI Number <b>65-0127433</b>	
Zip _____		Zip <i>34110</i>		Country <i>Collier</i>	
6. Name and Address of Current Registered Agent <b>THOMPSON, SUSAN L</b> <b>ADVANCED PROPERTY MGMT. SERVICE, INC.</b> <b>3350 WOODS EDGE CIRCLE, SUITE 104</b> <b>BONITA SPRINGS, FL 34134</b>				7. Name and Address of New Registered Agent <b>Advanced Property Management Service, Inc.</b> <b>1035 Collier Center Way, #7</b> <b>Naples, FL 34110</b>	
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 <i>Susan L. Thompson</i> <u>SUSAN L. THOMPSON</u> <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KINNIUS, A. ROBERT 2853 MIZZEN WAY NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lisa Philip 2654 Aft Ave Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELROD, JERRY 2725 SAVERS WAY NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Lancaster 7719 Ahoy Ave Naples FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLON, RHA 2842 MIZZEN WAY NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Judy Smith 2862 Mizzzen Way Naples FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READY, DAVID 2857 MIZZEN WAY NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOMELDORF, DON 2665 AFT AVE NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ralph Turner 2861 Mizzzen Way Naples FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIJCZO, JOE 2727 SAILORS WAY NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruth Cordin 7714 Ahoy Ave Naples FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <i>Judy Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					