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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44792 (2)

1. Corporation Name

LAKESIDE GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

26333 NADIR ROAD
APT. A-101
PORT CHARLOTTE FL 33983
US

26333 NADIR ROAD
APT. A-101
PORT CHARLOTTE FL 33983-6286
US

3. Date Incorporated or Qualified
08/22/1991

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 LAKESIDE GARDENS CONDO ASSOC.
4055 TAMiami TRAIL #14

4. FEI Number
65-0342097

Applied For
Not Applicable

22 City & State

27 PORT CHARLOTTE, FL 33952

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECARES, HECTOR J.
26333 NADIR ROAD
APT. A-101
PORT CHARLOTTE FL 33983

81 Name

Vern Caswell

82 Street Address (P.O. Box Number is Not Acceptable)

LAKESIDE GARDENS CONDO ASSOC.

83 Suite, Apt. #, etc

4055 TAMiami TRAIL #14

84 City

PORT CHARLOTTE, FL 33952

85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

26 Mar 97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME CULLEN, TERRANCE
STREET ADDRESS 10 GLENVIEW ROAD
CITY-ST-ZIP QUINCY MA

1.1 TITLE PDT Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD DELETE
NAME LAFATA, JOHN
STREET ADDRESS 34 PICKERING STREET
CITY-ST-ZIP ESSEX MA

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TDM DELETE
NAME BEZARES, HECTOR J.
STREET ADDRESS 26333 NADIR STREET, UNIT 101
CITY-ST-ZIP PORT CHARLOTTE FL 33983

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME Leroy R. Allen
STREET ADDRESS 26333 Nadir Rd #101
CITY-ST-ZIP Pt Charlotte FL 33983

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97
Date

Daytime Phone # 0056248

CR2E037 (9/96)