

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44792 (2)
1. Corporation Name
LAKESIDE GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 26333 NADIR ROAD APT. A-101 PORT CHARLOTTE FL 33983 US	Mailing Address LAKESIDE GARDENS CONDO ASSOC. 4055 TAMAMI TR. #14 PORT CHARLOTTE FL 33952 US
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3. Date Incorporated or Qualified
08/22/1991

4. FEI Number 65-0342097	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CASWELL, VERN
LAKESIDE GARDENS CONDO ASSOC.
4055 TAMAMI TR. #14
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent
61 Name **LENZNER, RICHARD W.**
62 Street Address (P.O. Box Number is Not Acceptable) **LAKESIDE GARDENS CONDO ASSOC.**
63 **4055 TAMAMI TRAIL #14**
64 City **PORT CHARLOTTE** FL 65 Zip Code **33952**

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: *Richard W. Lenzner* **RICHARD W. LENZNER - REGISTERED AGENT** 4-21-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	CULLEN, TERRANCE	
STREET ADDRESS	10 GLENVIEW ROAD	
CITY-ST-ZIP	QUINCY MA	
TITLE	SO	<input checked="" type="checkbox"/> DELETE
NAME	LAFATA, JOHN	
STREET ADDRESS	34 PICKERING STREET	
CITY-ST-ZIP	ESSEX MA	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, LEROY R.	
STREET ADDRESS	26333 NADIR RD #101	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CULLEN, TERRANCE	
1.3 STREET ADDRESS	10 GLENVIEW ROAD.	
1.4 CITY-ST-ZIP	QUINCY MA 02169	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALLEN, LEROY R.	
3.3 STREET ADDRESS	26333 NADIR RD #101	
3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
4.1 TITLE	PDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BUTT, MICKEY	
4.3 STREET ADDRESS	26333 NADIR RD #102	
4.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HARRIS, ROBERT	
5.3 STREET ADDRESS	26333 NADIR ROAD	
5.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Richard W. Lenzner* **RICHARD W. LENZNER - 4-21-98** 941-627-9626

CR2E037 (10/97)