


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90098 041 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44792**

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 TAMIAMI TR. #14 PORT CHARLOTTE FL 33952 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>4456-TAMIAMI TRAIL</b>
22 City & State	27 City & State
23 Zip	28 <b>PORT CHARLOTTE - FL</b>
24 Country	29 Zip
25	30 <b>USA</b>

3. Date Incorporated or Qualified  
**08/22/1991**

4. FEI Number  
**65-0342097**

5. Certificate of Status Desired  Applied For  
 Not Applicable  
**\$8.75 Additional Fee Required**

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

9. Name and Address of Current Registered Agent

**LENZNER, RICHARD W**  
**LAKESIDE GARDENS CONDO ASSOC**  
**4055 TAMIAMI TR. #14**  
**PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name **LENZNER RICHARD W.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4456 TAMIAMI TRAIL**

83

84 City **PORT CHARLOTTE** FL 85 Zip Code **33980**

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 Wenzner* **RICHARD W. LENZNER** DATE **1-11-99**

\*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLEN, TERRANCE	1.2 NAME	
STREET ADDRESS	10 GLENVIEW ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY MA 02169	1.4 CITY-ST-ZIP	
TITLE	POT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTT, MICKEY	2.2 NAME	
STREET ADDRESS	26333 NADIA ROAD #10	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ROBERT	3.2 NAME	
STREET ADDRESS	26333 NADIR ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Richard Wenzner* **RICHARD W. LENZNER** DATE **1-11-99** DAYTIME PHONE # **941-627-9626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR