

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90181 034 ****61.25

DOCUMENT # N44792

1. Entity 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.
 4456 TAMIAMI TRAIL
 PORT CHARLOTTE FL 33980
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LENZNER, RICHARD W
 LAKESIDE GARDENS CONDO ASSOC
 4456 TAMIAMI TRAIL
 PORT CHARLOTTE FL 33980**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **STD** Delete
 NAME: **CULLEN, TERRANCE**
 STREET ADDRESS: **10 GLENVIEW ROAD**
 CITY-ST-ZIP: **QUINCY MA 02169**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DPS** Delete
 NAME: **ALLEN, M.M**
 STREET ADDRESS: **26333 NADIR ROAD**
 CITY-ST-ZIP: **PORT CHARLOTTE FL 33983**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **HARRIS, ROBERT**
 STREET ADDRESS: **26333 NADIR ROAD**
 CITY-ST-ZIP: **PORT CHARLOTTE FL 33983**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Delete
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 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:

Robert Harris
ROBERT HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02
 Date

941-627
 9626
 Daytime Phone #

CR2E037 (9/01)