

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90240 011 \*\*\*\*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

2000 RIO DE JANUES - STE 1  
 PUNTA GORDA FL 33983  
 US

14022090



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILES, RENE  
 LAKESIDE GARDENS CONDO ASSOC  
~~2000 RIO DE JANUES - STE 1~~  
 PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

Name MILES, RENE  
 Street Address (P.O. Box Number is Not Acceptable) 1406 ULTRAMARINE LANE  
 City PUNTA GORDA FL Zip Code 33983

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

*René Miles*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	STD CULLEN, TERRANCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10 GLENVIEW ROAD	
CITY-ST-ZIP	QUINCY MA 02169	
TITLE NAME	DPS ALLEN, M.M.	<input type="checkbox"/> Delete
STREET ADDRESS	26333 NADIR ROAD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE NAME	D HARRIS, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	26333 NADIR ROAD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	MARGARET HARRIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	26333 NADIR RD.	
CITY-ST-ZIP	PUNTA GORDA, FL. 33983	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Margaret Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

941-764-764

Daytime Phone #