

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 AUG 31 PM 12:11

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 JANEIRO - STE 1 PUNTA GORDA, FL 33983 US		
2. Principal Place of Business 26333 NADIR RD		3. Mailing Address 26333 NADIR RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PUNTA GORDA, FL		City & State PUNTA GORDA, FL		4. FEI Number 65-0342097 NOT APPLICABLE	
Zip 33983		Country USA		Applied For Not Applicable	
Zip 33983		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILES, RENE LAKESIDE GARDENS CONDO ASSOC 1466 ULTRAMARINE LANE PUNTA GORDA, FL 33983				7. Name and Address of New Registered Agent Name JOHN CONWAY Street Address (P.O. Box Number is Not Acceptable) 26333 NADIR RD #107 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 <u><i>John Conway</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HARRIS, MARGARET 26333 NADIR RD PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D JOHN CONWAY 26333 NADIR RD #107 PUNTA GORDA, FL 33983
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS ALLEN, M.M 26333 NADIR ROAD PORT CHARLOTTE, FL 33983	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MICHAEL WIERZBICKI 16 WHITNEY RD SOUTH SARATOGA SPRINGS, NY 12866
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, ROBERT 26333 NADIR ROAD PORT CHARLOTTE, FL 33983	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 0506
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	900078776829 08/16/06--01048--006 **122.50
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>John Conway</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

M. Williams JUL 3 - 2006

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LAKESIDE GARDENS CONDOMINIUM ASSN., INC.
26333 NADIR ROAD
PUNTA GORDA, FL 33983

July 26, 2006

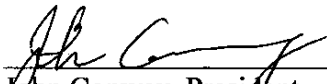
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement

Enclosed with this letter please find our Corporation Reinstatement Form and a check for One Hundred Twenty-two dollars and 50 cents (\$122.50) to cover all applicable late fees. We ask that the regular filing fee be waived as for the last 16 months; due to the loss of our agent/manager we never received or knew about an Annual Non-Profit filing. We have been preoccupied with restoring our 8 units to pre-hurricane Charley status. We are in the process of self-managing our small association and obviously going through a learning curve. The completed Reinstatement form with updated information will assure that we receive all future State forms on time.

If you require any further information regarding this matter please contact me at (941) 625-1807.

Very truly yours,



John Conway, President