

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


102

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 AUG 30 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
Suite, Apt. #, etc.

3. Mailing Address
26333 NADIR RD
Suite, Apt. #, etc.

07242006 REIN-NP CR2E099 (11/05)

City & State
PUNTA GORDA, FL

City & State
PUNTA GORDA, FL

Zip
33983 Country
USA

Zip
33983 Country
USA

4. FEI Number **65-0342097**
~~NOT APPLICABLE~~

Applied For
 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
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 

(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	
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	DPS ALLEN, M.M 26333 NADIR ROAD PORT CHARLOTTE, FL 33983 <input checked="" type="checkbox"/> Delete
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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 0506

900078776829
08/16/06--01048--006 **122.50

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

232

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

July 26, 2006

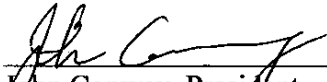
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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