2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N44792

1. Entity Name
LAKESIDE GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
26333 NADIR ROAD #107 PUNTA GORDA, FL 33983 US	26333 NADIR ROAD #107 PUNTA GORDA, FL 33983 US

DO NOT WRITE IN THIS SPACE

01142007   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0342097	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required _ _

6. Name and Address of Current Registered Agent

CONWAY, JOHN
26333 NADIR RD #107
PUNTA GORDA, FL 33983

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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_____

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

Filing Fee is $61.25 **Due by May 1, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	CONWAY, JOHN
STREET ADDRESS	26333 NADIR RD #107
CITY-ST-ZIP	PUNTA GORDA, FL 33983

TITLE	D
NAME	WIERZBICKI, MICHAEL
STREET ADDRESS	16 WHITNEY RD SOUTH
CITY-ST-ZIP	SARATOGA SPRINGS, NY 12866

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/07-80024-007 61.25

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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: _John C. Conway_   3/2/07   741-625-7807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #