

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44792

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** LAKESIDE GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

26333 NADIR ROAD  
#107  
PUNTA GORDA, FL 33983 US

**New Principal Place of Business:**

**Current Mailing Address:**

26333 NADIR ROAD  
#107  
PUNTA GORDA, FL 33983 US

**New Mailing Address:**

**FEI Number:** 65-0342097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CONWAY, JOHN  
Address: 26333 NADIR RD #107  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D ( ) Delete  
Name: WIERZBICKI, MICHAEL  
Address: 16 WHITNEY RD SOUTH  
City-St-Zip: SARATOGA SPRINGS, NY 12866

Title: D ( ) Delete  
Name: HARRIS, ROBERT  
Address: 26333 NADIR ROAD  
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: PD ( ) Delete  
Name: MARTIN, PAUL  
Address: 12937 BROADWAY  
City-St-Zip: ALDEN, NY 14004

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CONWAY

PD

02/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date