

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91391 037 ****61.25

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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
**LAKESIDE GARDENS CONDO ASSOC.
4456 TAMiami TRAIL
PORT CHARLOTTE FL 33980
US**

2. Principal Place of Business
26333 NADIR ROAD-APT101 A-

3. Mailing Address
2000 RIO DE JANEIRO-Suite 1

Suite, Apt. #, etc.

City & State
PUNTA GORDA, FL

City & State
PUNTA GORDA, FL

Zip
33983

Country
CHARLOTTE

Zip
33983

Country
US



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LENZNER, RICHARD W
LAKESIDE GARDENS CONDO ASSOC
4456 TAMiami TRAIL
PORT CHARLOTTE FL 33980**

7. Name and Address of New Registered Agent

Name **RENE MILES**

Street Address (P.O. Box Number is Not Acceptable)
**LAKESIDE GARDENS CONDO ASSOC
2000 RIO DE JANEIRO BLD - Suite 1**

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 **RENE MILES** *René Miles* **4/29/03**

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

FILE NOW: FEE IS \$61.25

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

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: **ROBERT HARRIS** *Robert Harris* **4/28/03** **941-624-3255**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)