

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90001 015 ****61.25

DOCUMENT # N94000003863					
1. Entity Name LAKESIDE CARRIAGE B CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ADVANCED PROPERTY MGM. SERVICE, INC 1035 COLLIER CENTER WAY # 7 NAPLES, FL 34110			Mailing Address ADVANCED PROPERTY MGM. SERVICE, INC 1035 COLLIER CENTER WAY # 7 NAPLES, FL 34110 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0655151	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADVANCED PROPERTY MGMT SERVICE, INC 1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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>Susan L Thompson</u> 3/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	P PETRIK, BETTE 2864 MIZZEN WAY SUITE 204 NAPLES, FL 34109	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLZNAGEL, LYNN 2864 MIZZEN WAY SUITE 202 NAPLES, FL 34109	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POGGENSEE, DOROTHY 2864 MIZZEN WAY SUITE 101 NAPLES, FL 34109	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETRIK, TOM 2864 MIZZEN WAY SUITE 204 NAPLES, FL 34109	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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>[Signature]</u> 3/29/08 2395933828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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