

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003863

FILED
Apr 01, 2009
Secretary of State

Entity Name: LAKESIDE CARRIAGE B CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ADVANCED PROPERTY MGM. SERVICE, INC
1035 COLLIER CENTER WAY # 7
NAPLES, FL 34110

New Principal Place of Business:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

Current Mailing Address:

ADVANCED PROPERTY MGM. SERVICE, INC
1035 COLLIER CENTER WAY # 7
NAPLES, FL 34110 US

New Mailing Address:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

FEI Number: 65-0655151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED PROPERTY MGMT SERVICE, INC
1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110 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: P () Delete
Name: PETRIK, BETTE
Address: 2864 MIZZEN WAY SUITE 204
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: HOLZNAGEL, LYNN
Address: 2864 MIZZEN WAY SUITE 202
City-St-Zip: NAPLES, FL 34109

Title: S () Delete
Name: POGGENSEE, DOROTHY
Address: 2864 MIZZEN WAY SUITE 101
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: PETRIK, TOM
Address: 2864 MIZZEN WAY SUITE 204
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PETRIK, BETTE
Address: 2864 MIZZEN WAY #204
City-St-Zip: NAPLES, FL 34109

Title: DVP (X) Change () Addition
Name: HOLZNAGEL, LYNN
Address: 2864 MIZZEN WAY #202
City-St-Zip: NAPLES, FL 34109

Title: DS (X) Change () Addition
Name: POGGENSEE, DOROTHY
Address: 2864 MIZZEN WAY #101
City-St-Zip: NAPLES, FL 34109

Title: T (X) Change () Addition
Name: PETRIK, TOM
Address: 2864 MIZZEN WAY #204
City-St-Zip: NAPLES, FL 34109

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: BETTE PETRIK

DP

04/01/2009

Electronic Signature of Signing Officer or Director

Date