

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31859

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

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC3317559298**

**Current Principal Place of Business:**

C/O LAKESIDE OF NAPLES  
7600 AIRPORT RD., NO.  
NAPLES, FL 34109

**Current Mailing Address:**

C/O LAKESIDE GARDENS B CONDO ASSOC., INC.  
7600 AIRPORT RD., NO.  
NAPLES, FL 34109 US

**FEI Number: 65-0127417**

**Certificate of Status Desired: No**

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

BECKER & POLIAKOFF, P.A.  
4001 TAMIAMI TRAIL NORTH, SUITE 410  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BURUK, JUDITH E  
Address        C/O LAKESIDE GARDENS B CONDO ASSOC., INC.  
                  7600 AIRPORT RD., NO.  
City-State-Zip: NAPLES FL 34109

Title            VICE PRESIDENT  
Name            DASSBACH, CARL  
Address        C/O LAKESIDE GARDENS B CONDO ASSOC., INC.  
                  7600 AIRPORT RD., NO.  
City-State-Zip: NAPLES FL 34109

Title            TREASURER  
Name            KUPNIEWSKI, ARLENE  
Address        C/O LAKESIDE GARDENS B CONDO ASSOC., INC.  
                  7600 AIRPORT RD., NO.  
City-State-Zip: NAPLES FL 34109

*I hereby 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 all other like empowered.*

**SIGNATURE: JUDITH BURUK**

**PRESIDENT**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date