

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 199250

FILED  
Feb 26, 2010  
Secretary of State

**Entity Name:** LAKESIDE APARTMENTS OF POMPANO INC

**Current Principal Place of Business:**

3201 SE 12TH STREET  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1059  
POMPANO BCH, FL 33061

**New Mailing Address:**

**FEI Number:** 59-0941619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORMAN, ROBERT  
3201 S.E. 12TH ST.  
A-8  
POMPANO BEACH, FL 33062 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GANDOLFO, JOSEPH  
Address: 3201 SE 12 ST C-1  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP  
Name: DAMIANO, ROBERT  
Address: 3201 SE 12TH ST B-5  
City-St-Zip: POMPANO BEACH, FL 33062

Title: TR  
Name: GORMAN, ROBERT  
Address: 3201 SW 12TH ST. A-8  
City-St-Zip: POMPANO BEACH, FL 33062

Title: S  
Name: SORENSON, RAE  
Address: 3201 SE 12TH ST. A-7  
City-St-Zip: POMPANO BEACH, FL 33062

Title: AS  
Name: RICHARD, MICHEL  
Address: 3201 SE 12ST C-4  
City-St-Zip: POMPANO BEACH, FL 33062

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT GORMAN

TRES

02/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date