

DOCUMENT # 718703

CONDOMINIUM ASSOCIATION OF LAKESIDE VILLAGE, INC

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1678430	Applied For
			Not Applicable

Zip _____ Country _____ Zip _____ Country _____ **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent _____ 7. Name and Address of New Registered Agent _____

DIRECTOR, KENNETH
BECKER, POLIAKOFF, STREITFELD, P.A.
500 AUSTRALIAN AVE SOUTH 9TH FL
WEST PALM BEACH FL 33401

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.

SIGNATURE _____

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

<p>FILE NOW: FEE IS \$61.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Department of State</p>
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECAK, BOB 500 DAVIS ROAD #39 PALM SPRINGS FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/TREAS, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HART, JAMES 705 LORI DRIVE BLVG. #1, APT. 39 PALM SPRINGS FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Waller, Patricia 705 Lori drive (16-312A) Palm Springs, Fl 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DECORT, CHARLOTTE 711 LORI DRIVE BLDG. 16, APT. 310 PALM SPRINGS FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rizzo, Tony 180 KNAPP Avenue Rochester, NY 14609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUM, ED 225 BONNIE BLVD. BLDG #24 APT. 211 PALM SPRINGS FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director ARCOs, ERNIE 711 Lori Drive Bldg 23, APT 114 PALM SPRING, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINESTONE, ROBERT 715 LORI DRIVE, BLDG. 17, APT. 308 PALM SPRINGS FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Waller, Patli 705 Lori Drive Bldg 16 APT 312 PALM SPRING, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LAVETTE, HENRY 715 WRI DRIVE, BLDG 17, APT 402 PALM SPRINGS FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director	<input checked="" 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: *Mary L. Lick* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90153 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)