

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

UBR442Z

DOCUMENT # 718703

1. Entity Name

CONDOMINIUM ASSOCIATION OF LAKESIDE VILLAGE, INC

04-11-2001 90071 002 ****61.25

Principal Place of Business

Mailing Address

3900 WOODLAKE BLVD.
 #201
 LAKE WORTH FL 33463

G.R.S. MANAGEMENT ASSOCIATES, INC.
 3900 WOODLAKE BLVD STE 201
 LAKE WORTH FL 33463

00004100

2. Principal Place of Business

3. Mailing Address

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**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BECAK, BOB 500 DAVIS ROAD #39 PALM SPRINGS FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, PATRICIA 705 LORI AVE (16-312N) PALM SPRINGS FL 33461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIZZO, TONY 180 KNAPP AVE ROCHESTER NY 14609	<input checked="" type="checkbox"/> Delete
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	D FINESTONE, ROBERT 715 LORI DRIVE, BLDG. 17, APT. 308 PALM SPRINGS FL 33461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LAVETTE, HENRY 715 WRI DRIVE, BLDG 17, APT 402 PALM SPRINGS FL 33461	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCOS, ERNIE 715 LORI DRIVE # 204 PALM SPRINGS FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IANNIELLO, ROBERT 711 LORI DRIVE # 307 PALM SPRINGS, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIZZO, TONY 725 LORI DRIVE # 312 PALM SPRINGS FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGOLIA, Philip 719 LORI DRIVE # 201 PALM SPRINGS FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINESTONE, Robert 715 LORI DRIVE # 308 PALM SPRINGS FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITTLER, Bernice 721 LORI DRIVE # 314 PALM SPRINGS FL 33461	<input type="checkbox"/> Change <input checked="" 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)(l), 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: *X*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Finestone 4/12/01

Date Daytime Phone #

CR2E037 (10/00)