

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0037266

**DOCUMENT # 718703**

1. Entity Name

**CONDOMINIUM ASSOCIATION OF LAKESIDE VILLAGE, INC**

04-11-2002 90676 009 \*\*\*\*61.25

Principal Place of Business <b>3300 WOODLAKE BLVD. #201 LAKE WORTH FL 33463</b>	Mailing Address <b>G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD STE 201 LAKE WORTH FL 33463</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1678430</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>DIRECTOR, KENNETH BECKER, POLIAKOFF, STREITFELD, P.A. 500 AUSTRALIAN AVE SOUTH 9TH FL WEST PALM BEACH FL 33401</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BECAK, BOB 500 DAVIS ROAD #39 PALM SPRINGS FL 33461 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IANNIELLO, ROE 711 LORI DR. #307 LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIZO, TONY 725 LORI DR. #312 LAKE WORTH FL 33461 <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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINESTONE, ROBERT 715 LORI DR. #308 PALM SPRINGS FL 33461 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITTLER, BERNIE 721 LORI DRIVE #314 PALM SPRINGS FL 33461 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Engolia, Philip 719 LORI Drive #210 Palm Spring FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ianniello, ROE 711 LORI DRIVE #307 Palm Spring FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERNIG, ARCOS 711 LORI DRIVE #114 Palm Springs FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Blum, G D 225 Bonnie Blvd #211 Palm Springs FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Finestone, Robert 715 LORI DR. #308 Palm Springs FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAREO, Joseph 711 LORI DR. #308 Palm Springs FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITTLER, Bernice 721 LORI DR. #314 Palm Springs FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dibartolo, Frank 711 LORI DRIVE #406 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)(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:** *Philip Engolia* *Ries 4-2-02 968-4971*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)