

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90017 050 \*\*\*\*61.25

**DOCUMENT # 718703**

1. Entity Name  
**CONDOMINIUM ASSOCIATION OF LAKESIDE VILLAGE, INC.**



Principal Place of Business  
**3900 WOODLAKE BLVD.  
#201  
LAKE WORTH, FL 33463**

Mailing Address  
**3900 WOODLAKE BLVD.  
#201  
LAKE WORTH, FL 33463**

**24003701**



2. Principal Place of Business

**% GRS Management**

Suite, Apt. #, etc.

3. Mailing Address

**% GRS Management**

Suite, Apt. #, etc.

01152004 Chg-NP CR2E037 (10/03)

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

**ST. JOHN, CORE, FIORE & LEMME, P.A.  
1601 FORUM PLACE  
SUITE 701  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGOGLIA, PHILIP 719 LORI DRIVE #210 PALM SPRING, FL 33461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INNIELLO, RAE 711 LORI DR. #307 LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERNIE, ARCOS 711 LORIE DRIVE #114 LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLUM, ED 225 BONNIE BLVD: #211 PALM SPRINGS, FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINESTONE, ROBERT 715 LORI DR. #308 PALM SPRINGS, FL 33461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITTLER, BERNICE 721 LORI DRIVE #314 PALM SPRINGS, FL 33461	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Engoglia, Philip 719 Lori Dr. #210 Palm Spring, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Farrell, Joann 719 Lori Dr. #116 Palm Spring, FL 33461	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Semeraro, Bart 225 Bonnie Blvd #301 Lake Worth, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Molisso, Joan 711 Lori Dr. #309 Palm Spring, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mittler, Bernice 721 Lori Dr. #314 Palm Springs, FL 33461	<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:

*Bernice Mittler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-19-04 9684977*

Date

Daytime Phone #