

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90291 030 \*\*\*\*61.25

**DOCUMENT # 718703**

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



Principal Place of Business  
C/O GRS MANAGEMENT  
3900 WOODLAKE BLVD. #201  
LAKE WORTH, FL 33463

Mailing Address  
C/O GRS MANAGEMENT  
3900 WOODLAKE BLVD. #201  
LAKE WORTH, FL 33463



2. Principal Place of Business  
*PHOENIX MANAGEMENT*

3. Mailing Address  
*SAME*

Suite, Apt. #, etc.  
*3082 JOE ROAD*

Suite, Apt. #, etc.

City & State  
*LAKE WORTH, FL*

City & State

Zip  
*33467*

Country  
*USA*

Zip

Country

04152005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
*59-1678430*

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ST. JOHN, CORE, FIORE & LEMME, P.A.  
1601 FORUM PLACE  
SUITE 701  
WEST PALM BEACH, FL 33401

**7. Name and Address of New Registered Agent**

Name  
*DAVID C. ROSENTHAL*  
Street Address (P.O. Box Number is Not Acceptable)  
*3082 JOE ROAD*  
*LAKE WORTH*  
City  
*FL* Zip Code  
*33467*

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

*DJC Put*

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

(NOTE: Registered Agent signature required when reinstating)

*4/22/05*  
DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGOGLIA, PHILIP	
STREET ADDRESS	719 LORI DRIVE #210	
CITY-ST-ZIP	PALM SPRING, FL 33461	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FARRELL, JOANN	
STREET ADDRESS	719 LORI DR. #116	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SEMERARO, BART	
STREET ADDRESS	225 BONNIT BLVD #301	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BLUM, ED	
STREET ADDRESS	225 BONNIE BLVD. #211	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOLISSO, JOAN	
STREET ADDRESS	711 LORI DR. #309	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MITTLER, BERNICE	
STREET ADDRESS	721 LORI DRIVE #314	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIGRADE, CARMINE	
STREET ADDRESS	770 LORI DRIVE #260	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, EDWARD	
STREET ADDRESS	225 BONNIE BLVD. #208	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EFTHMES, JACKIE	
STREET ADDRESS	705 LORI DRIVE #211	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEFFER, BEVERLY	
STREET ADDRESS	715 LORI DRIVE, # 206	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REAVES, JOSEPH	
STREET ADDRESS	770 LORI DRIVE # 241	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	

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:

*Carmine L. DiGrande* *CARMINE DiGrande* *4/20/05* *345697*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #