


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90026 001 ****61.25

DOCUMENT # 718703 1. Entity Name CONDOMINIUM ASSOCIATION OF LAKESIDE VILLAGE, INC.					
Principal Place of Business PHOENIX MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			Mailing Address PHOENIX MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # <i>Prime Management Group</i>		3. Mailing Address <i>Prime Management Group</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1678430	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, KEN DIREKTOR 625 N. FLAGLER DR., 7TH FLOOR WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIGRANDE, CARMINE		NAME	<i>President Donald Helfreich</i>	
STREET ADDRESS	500 LORI DRIVE		STREET ADDRESS	<i>500 Lori Drive</i>	
CITY-ST-ZIP	PALM SPRING, FL 33461		CITY-ST-ZIP	<i>Palm Springs, FL - 33461</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FARRELL, JOANN		NAME	<i>V. President Joanne Gregory</i>	
STREET ADDRESS	500 LORI DRIVE		STREET ADDRESS	<i>500 Lori Drive</i>	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	<i>Palm Springs, FL - 33461</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SEMERARO, BART		NAME	<i>Treasurer Clare Chapski</i>	
STREET ADDRESS	500 LORI DRIVE		STREET ADDRESS	<i>750 Lori Dr. #210</i>	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	<i>Palm Springs, FL 33461</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEE, EDWARD		NAME	<i>Director Robert Bondy</i>	
STREET ADDRESS	500 LORI DRIVE		STREET ADDRESS	<i>504 Davis Rd. #86</i>	
CITY-ST-ZIP	PALM SPRINGS, FL 33461		CITY-ST-ZIP	<i>Palm Springs, FL 33461</i>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EFTHMES, JACKIE		NAME	<i>Director Donald Helfreich</i>	
STREET ADDRESS	500 LORI DRIVE		STREET ADDRESS	<i>504 Davis Rd. #85</i>	
CITY-ST-ZIP	PALM SPRING, FL 33461		CITY-ST-ZIP	<i>Palm Springs, FL 33461</i>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEFFER, BEVERLY		<i>Please see attached additions</i>		
STREET ADDRESS	500 LORI DRIVE				
CITY-ST-ZIP	PALM SPRINGS, FL 33461				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Donald Helfreich</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/4/2008</i> Daytime Phone # <i>561 968-4921</i>		

ATTACHMENT

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Director

Robert Howell, III

705 Lori Drive Bldg. 16 Apt. 111

Palm Springs, FL 33461

Director

George Waller

705 Lori Drive Bldg. 16 Apt. 311

Palm Springs, FL 33461

Director

Elaine Gunnoe

752 Lori Dr. Bldg. 11 Apt. 214

Palm Springs, FL 33461