

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718703

FILED  
Jun 24, 2010  
Secretary of State

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

**Current Principal Place of Business:**

PRIME MANAGEMENT GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**New Principal Place of Business:**

GRS MANAGEMENT ASSOC.INC  
3900 WOODLAKE BVD SUITE 309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

PRIME MANAGEMENT GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**New Mailing Address:**

GRS MANAGEMENT ASSOC.INC  
3900 WOODLAKE BVD SUITE 309  
LAKE WORTH, FL 33463

**FEI Number:** 59-1678430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE, P.A.  
1900 N COMMERCE PKWY  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DIGRANDE, CARMINE  
Address: 500 LORI DRIVE  
City-St-Zip: PALM SPRING, FL 33461

Title: VP  
Name: REFICI, ROBERT  
Address: 500 LORI DRIVE  
City-St-Zip: LAKE WORTH, FL 33461

Title: T  
Name: GOLINI, MARIO  
Address: 500 LORI DR  
City-St-Zip: LAKE WORTH, FL 33461

Title: S  
Name: EFTHEMES, JACKIE  
Address: 500 LORI DRIVE  
City-St-Zip: PALM SPRINGS, FL 33461

Title: D  
Name: MARTELLA, JOSRPH  
Address: 500 LORI DR  
City-St-Zip: PALM SPRING, FL 33461

Title: AT  
Name: HOWELL, ROBERT  
Address: 500 LORI DRIVE  
City-St-Zip: PALM SPRINGS, FL 33461

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARMINE DIGRANDE

PRES

06/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date