

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90056 009 ****61.25



DOCUMENT # 756827
1. Entity Name
LAKESIDE CONDOMINIUM ASSOCIATION NO. 2, INC.

Principal Place of Business Mailing Address
10780 CEDAR POINT BLVD 10780 CEDAR POINT BLVD
BOYNTON BEACH FL 33437-1315 BOYNTON BEACH FL 33437-1315

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



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2156570** Applied For Not Applicable
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
CUSTOM PROPERTY MANAGEMENT
2328 S CONGRESS AVE
STE 2A
WEST PALM BEACH FL 33406
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW: 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEGAL, RAYMOND			NAME			
STREET ADDRESS	10203 MANGROVE DR.#104			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRANET, LARRY			NAME			
STREET ADDRESS	10187 MANGROVE DR #205			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVENBERG, GENE			NAME			
STREET ADDRESS	10187 MANGROVE DRIVE #104			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEISNER, RHODA			NAME			
STREET ADDRESS	10203 MANGROVE DR #106			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIEN, AL			NAME			
STREET ADDRESS	10203 MANGROVE DRIVE #103			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *[Signature]* Date: *4/1/05* Daytime Phone #: *561-369-0275*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR