

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90098 045 \*\*\*\*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 - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2156570**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

1st MOORE      CR2E037 (10/06)



**6. Name and Address of Current Registered Agent**  
 CUSTOM PROPERTY MANAGEMENT  
 2328 S CONGRESS AVE  
 STE 2A  
 WEST PALM BEACH FL 33406

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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**

TD NAME: SEGAL, RAYMOND STREET ADDRESS: 10203 MANGROVE DR. #104 CITY- ST- ZIP: BOYNTON BEACH FL	<input checked="" type="checkbox"/> Delete
P NAME: GRANET, LARRY STREET ADDRESS: 10187 MANGROVE DR #205 CITY- ST- ZIP: BOYNTON BEACH FL	<input type="checkbox"/> Delete
VP NAME: LEVENBERG, GENE STREET ADDRESS: 10187 MANGROVE DRIVE #104 CITY- ST- ZIP: BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
SD NAME: MEISNER, RHODA STREET ADDRESS: 10203 MANGROVE DR #106 CITY- ST- ZIP: BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
D NAME: WIEN, AL STREET ADDRESS: 10203 MANGROVE DRIVE #103 CITY- ST- ZIP: BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete

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

TD NAME: TEITZMAN, MELVIN STREET ADDRESS: 10155 MANGROVE DR. #205 CITY- ST- ZIP: BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR