

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756827

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** LAKESIDE CONDOMINIUM ASSOCIATION NO. 2, INC.

**Current Principal Place of Business:**

10780 CEDAR POINT BLVD  
BOYNTON BEACH, FL 334371315

**New Principal Place of Business:**

**Current Mailing Address:**

10780 CEDAR POINT BLVD  
BOYNTON BEACH, FL 334371315

**New Mailing Address:**

FEI Number: 59-2156570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CUSTOM PROPERTY MANAGEMENT  
2328 S CONGRESS AVE  
STE 2A  
WEST PALM BEACH, FL 33406 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: PD  
Name: GRANET, LAWRENCE  
Address: 10187 MANGROVE DR #205  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD  
Name: BAIN, GEORGE  
Address: 10187 MANGROVE DR 102  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D  
Name: MEISNER, RHODA  
Address: 10203 MANGROVE DR #106  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP  
Name: TEITZMAN, MELVIN  
Address: 10155 MANGROVE DR SUITE 205  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD  
Name: SHEVACK, JOAN  
Address: 10155 MANGROVE DR 203  
City-St-Zip: BOYNTON BEACH, FL 33437

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: LAWRENCE GRANET

PD

01/19/2012

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

\_\_\_\_\_  
Date