

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 767918**

1. Entity Name

**LAKESIDE CONDOMINIUM ASSOCIATION NO. 6, INC.**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90036 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

10780 CEDAR POINT BLVD.  
BOYNTON BCH. FL 33437

10780 CEDAR POINT BLVD.  
BOYNTON BCH. FL 33437-1310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2293873**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUSTOM PROPERTY MANAGEMENT**  
**2328 SOUTH CONGRESS AVENUE**  
**SUITE 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD**  Delete  
 NAME **ROSSMAN, BERTRAM**  
 STREET ADDRESS **10204 MANGROVE DR., #105**  
 CITY-ST-ZIP **BOYNTON BCH. FL 33437**

TITLE **PD**  Change  Addition  
 NAME **ROSSMAN, BERTRAM**  
 STREET ADDRESS **10104 MANGROVE DR. #105**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **TD**  Delete  
 NAME **PORTNEY, BERNICE**  
 STREET ADDRESS **10204 MANGROVE DR., #204**  
 CITY-ST-ZIP **BOYNTON BCH FL 33437**

TITLE **TD**  Change  Addition  
 NAME **RAISNER, HARVEY L.**  
 STREET ADDRESS **10118 MANGROVE DRIVE #203**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **SD**  Delete  
 NAME **SWARTZ, LILLIAN**  
 STREET ADDRESS **10204 MANGROVE DR. #103**  
 CITY-ST-ZIP **BOYNTON BCH FL 33437**

TITLE **SD**  Change  Addition  
 NAME **SHAPIRO, BERNARD**  
 STREET ADDRESS **10204 MANGROVE DRIVE #101**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **PD**  Delete  
 NAME **MILLER, WILLIAM**  
 STREET ADDRESS **10188 MANGROVE DR., #105**  
 CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **D**  Change  Addition  
 NAME **MILLER, WILLIAM**  
 STREET ADDRESS **10188 MANGROVE DRIVE #105**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D**  Delete  
 NAME **WIMPIE, PHYLLIS**  
 STREET ADDRESS **10188 MANGROVE DR., #104**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **VP**  Change  Addition  
 NAME **KOHN, RODOLFO**  
 STREET ADDRESS **10204 MANGROVE DRIVE #202**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-00

CR2E037 (9/99)