

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0036651

04-10-2002 90023 030 \*\*\*\*61.25

**DOCUMENT # 767918**

1. Entity Name

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

Principal Place of Business

Mailing Address

10780 CEDAR POINT BLVD.  
BOYNTON BCH. FL 33437

10780 CEDAR POINT BLVD.  
BOYNTON BCH. FL 33437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2293873**

Applied For

Not Applicable

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  Delete  
 NAME **PD ROSSMAN, BERTRAM**  
 STREET ADDRESS **10104 MANGROVE DR #105**  
 CITY-ST-ZIP **BOYNTON BCH. FL 33437**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD RAISNER, HARVEY L**  
 STREET ADDRESS **10118 MANGROVE DR #203**  
 CITY-ST-ZIP **BOYNTON BEACH FL-33437**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SHAPIRO, BERNARD**  
 STREET ADDRESS **10204 MANGROVE DR #101**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MILLER, WILLIAM**  
 STREET ADDRESS **10188 MANGROVE DR., #105**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD KOHN, RODOLFO**  
 STREET ADDRESS **10204 MANGROVE DR #202**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP MILLER, RITA**  
 STREET ADDRESS **10188 MANGROVE DR #101**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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:

*Bertram Rossman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-02 364-5267

CP2E037 (9/01)

Attachment

BOOK 02570

Doc. # 767918

1/18/02

**DOCUMENT #767918**

**LAKESIDE CONDOMINIUM ASSOCIATION #6, INC.**

**PLEASE ADD THE FOLLOWING OFFICER**

**TITLE: SECRETARY**  
**NAME: PORTNEY, BERNICE**  
**ADDRESS: 10204 Mangrove Drive #204**  
**Boynton Beach, FL 33437**