

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002226

**FILED**  
**Mar 05, 2011**  
**Secretary of State**

**Entity Name:** LAKESIDE VILLAGE OF DAVIE PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

6950 GRIFFIN ROAD  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

6950 GRIFFIN ROAD  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 30-0300433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLEMOW, JORDAN  
6950 GRIFFIN ROAD  
DAVIE, FL 33314 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: SIPOS, ROBERT  
Address: 6932 LAKESIDE CIRCLE SOUTH  
City-St-Zip: DAVIE, FL 33314

Title: VPD  
Name: KLEMOW, JORDAN  
Address: 6950 GRIFFIN ROAD  
City-St-Zip: DAVIE, FL 33314

Title: TD  
Name: VAUGHN, CASSANDRA  
Address: 4685 LAKESIDE TERRACE  
City-St-Zip: DAVIE, FL 33314

Title: SD  
Name: DORSEY, MALIN  
Address: 4734 LAKESIDE TERRACE  
City-St-Zip: DAVIE, FL 33314

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: DEBRA MILLER

LCAM

03/05/2011

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

\_\_\_\_\_  
Date