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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(8)

DOCUMENT # LAKESIDE NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, I



	of Business	Mailing Address			l l				
2389 TREASU	re isle dr Gardens fl 33410	2389 TREASURE ISLE D PALM BEACH GARDENS							
					3. Date Incorpo 01/26/	rated or Qualified	3a. Date	of Last F 4/21/19	Report 1 95
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	1047		A	pplied For
1		26			65-005	65-0054017 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of	Status Desired	See Required		
City & State	3	City & State			6. Election Carr	paign Financing		\$5.00	May Be
23		28			Trust Fund C				to Fees
Zip	Country	Zip	Country	'		tion has liability for in	ntangible tax] Yes □ N		199.032,
24	25	29	30		Florida Statu	tes L. Address of New Re			
	9. Name and Address of Current	Registered Agent	81	Name	TO, Hame and	1001000 07 11011 711	3.0.0.	9-110	
DARCHT	ADTUUD						· · · · · · · · · · · · · · · · · · ·		
PARENT, ARTHUR 2389 TREASURE ISLE DR			82 Street Add		ddress (P.O. Box Numb	per is Not Acceptable	e)		
	EASURE ISLE DR EACH GARDENS FL 33410		63	-					
TALM D	ENOTE OMNUENO PL 304 IV		L					Ta=1 =	Ondo
			84	City			FL	85 Zip	Code
44 Danient	to the provisions of Sections 617.0502	and 617 1508. Florida Statut	es the above-	named cod	rooration submits this st	tatement for the puri		ging its re	egistered office
	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Secti	on 617.0503, Florida Statutes	S.	OCIDION S I		boy tooopi in app			
DICALATI IDE									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NC	DTE: Registered Age	ent signature re	quired when reinstating)		DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	OTE: Registered Age		A DOUTION O	CHANGES TO OFF	OF DO AND		
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For precess gently that the information supplied with this hilling is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. Florther certify that the Information indicated on this annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of langed, or on an attachment with address.

Daytime Phone #