

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90003 013 \*\*\*\*61.25

**DOCUMENT # N24499**

1. Entity Name

LAKESIDE NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, I

**R**

Principal Place of Business

Mailing Address

2389 TREASURE ISLE DR  
 PALM BEACH GARDENS FL 33410

2389 TREASURE ISLE DR  
 PALM BEACH GARDENS FL 33410-1361

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0054017

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARENT, ARTHUR  
 2389 TREASURE ISLE DR  
 PALM BEACH GARDENS FL 33410

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	PD	<input type="checkbox"/> Delete
NAME	PINELLO, CHARLES	
STREET ADDRESS	2438 TREASURE ISLE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DARBY, LOUISE	
STREET ADDRESS	2432 TREASURE ISLE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STACHLE, RUTH	
STREET ADDRESS	2480 TREASURE ISLE DR	
CITY-ST-ZIP	PALM BNEACH GARDENS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GENNARELLI, CHARLES	
STREET ADDRESS	2378 TREASURE ISLE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*ARTHUR PARENT*  
 ARTHUR PARENT  
 6/19/00



DO NOT WRITE IN THIS SPACE