

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24499

FILED
Apr 15, 2009
Secretary of State

Entity Name: LAKESIDE NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2389 TREASURE ISLE DR
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

SEACREST SERVICES, INC.
2400 CENTRE PARK W. DR., #175
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0054017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAEHLE, RUTH S
2480 TREASURE ISLE DR
PALM BEACH GARDENS, FL 33410 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: TD () Delete
Name: STAEHLE, RUTH S
Address: 2480 TREASURE ISLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: MARTIN, DONNA
Address: 2354 TREASURE ISLE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PD () Delete
Name: ELDRIDGE, TIM
Address: 2450 TREASURE ISLE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: GENNARELLI, CHARLES
Address: 2378 TREASURE ISLE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD () Delete
Name: GALLAGHER, GERARD
Address: 2462 TREASURE ISLE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD (X) Delete
Name: HENSON, JAMES
Address: 2438 TREASURE ISLE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MARTIN, DONNA
Address: 2354 TREASURE ISLE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RUTH STAEHLE

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date