

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24499

1. Entity Name

LAKESIDE NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, I

Principal Place of Business

2389 TREASURE ISLE DR
PALM BEACH GARDENS FL 33410

Mailing Address

2389 TREASURE ISLE DR
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0054017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME PINELLO, CHARLES
STREET ADDRESS 2438 TREASURE ISLE DR
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE TD ☐ Delete
NAME DARBY, LOUISE
STREET ADDRESS 2432 TREASURE ISLE DR
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE D ☐ Delete
NAME STACHLE, RUTH
STREET ADDRESS 2480 TREASURE ISLE DR
CITY-ST-ZIP PALM BNEACH GARDENS FL

TITLE SD ☐ Delete
NAME GENNARELLI, CHARLES
STREET ADDRESS 2378 TREASURE ISLE DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90128 015 ****61.25

544178



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)