

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000019708

1. Entity Name
LAKESIDE VILLAGE OF DAVIE, INC.



Principal Place of Business
**2001 WEST SAMPLE ROAD
SUITE 320
POMPAÑO BEACH, FL 33064**

Mailing Address
**2001 WEST SAMPLE ROAD
SUITE 320
POMPAÑO BEACH, FL 33064**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0096391

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAKER, ROBERT M
8181 WEST BROWARD BOULEVARD
SUITE 201
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------------|
| TITLE | D |
| NAME | KLEMOW, JORDAN |
| STREET ADDRESS | 2001 WEST SAMPLE ROAD - SUITE 320 |
| CITY- ST - ZIP | POMPAÑO BEACH, FL 33064 |
| TITLE | D |
| NAME | KLEMOW, HAROLD |
| STREET ADDRESS | 2001 WEST SAMPLE ROAD - SUITE 320 |
| CITY- ST - ZIP | POMPAÑO BEACH, FL 33064 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST - ZIP | |

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01/30/08-80076-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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

JORDAN KLEMOW

1-25-08

Date

954-969-5111

Daytime Phone #