

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718703

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC7251043080**

**Entity Name:** CONDOMINIUM ASSOCIATION OF LAKESIDE VILLAGE, INC.

**Current Principal Place of Business:**

GRS MANAGEMENT ASSOC.INC  
3900 WOODLAKE BVD SUITE 309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

LAKESIDE VILLAGE  
500 LORI DRIVE  
PALM SPRINGS, FL 33461

**FEI Number: 59-1678430**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE, P.A.  
1900 N COMMERCE PKWY  
WESTON, FL 33326 US

*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

**Officer/Director Detail :**

Title           PRESIDENT  
Name           DIGRANDE, CARMINE  
Address        500 LORI DRIVE  
City-State-Zip: PALM SPRINGS FL 33461

Title           VP  
Name           HOWELL, ROBERT III  
Address        500 LORI DRIVE  
City-State-Zip: PALM SPRINGS FL 33461

Title           SECRETARY  
Name           EFTHEMES, JACKIE  
Address        500 LORI DRIVE  
City-State-Zip: PALM SPRINGS FL 33461

Title           DIRECTOR  
Name           MARTELLA, JOSEPH  
Address        500 LORI DR  
City-State-Zip: PALM SPRINGS FL 33461

Title           DIRECTOR  
Name           SCIANDRA, ANGELO  
Address        LAKESIDE VILLAGE  
                  500 LORI DRIVE  
City-State-Zip: PALM SPRINGS FL 33461

Title           DIRECTOR  
Name           SHEFFER, BEVERLY  
Address        LAKESIDE VILLAGE  
                  500 LORI DRIVE  
City-State-Zip: PALM SPRINGS FL 33461

Title           VP  
Name           FREDERICK, DON  
Address        LAKESIDE VILLAGE  
                  500 LORI DRIVE  
City-State-Zip: PALM SPRINGS FL 33461

Title           DIRECTOR  
Name           CUMBO, PHILIP  
Address        LAKESIDE VILLAGE  
                  500 LORI DRIVE  
City-State-Zip: PALM SPRINGS FL 33461

*I hereby 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 all other like empowered.*

**SIGNATURE: JACKIE EFTHEMES**

**SECRETARY**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date