

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 718703

Entity Name: CONDOMINIUM ASSOCIATION OF LAKESIDE VILLAGE, INC.

Current Principal Place of Business:

500 LORI DRIVE
PALM SPRINGS, FL 33461

Current Mailing Address:

500 LORI DRIVE
PALM SPRINGS, FL 33461 US

FEI Number: 59-1678430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAYE BENDER REMBAUM
9121 N. MILITARY TRAIL
200
PALM BEACH GARDENS, FL 33410 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: LESLIE SUSICH

08/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MORABITO, JOSEPH
Address C/O OCEAN BREEZE COMMUNITY
MGMT., LLC
631 LUCERNE AVE SUITE 35
City-State-Zip: LAKE WORTH FL 33460

Title VICE PRESIDENT
Name BLOODWORTH, AUDREY
Address C/O OCEAN BREEZE COMMUNITY
MGMT., LLC
631 LUCERNE AVE SUITE 35
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR
Name SPAGNOLO, EMANUELE
Address C/O OCEAN BREEZE COMMUNITY
MGMT., LLC
631 LUCERNE AVE SUITE 35
City-State-Zip: LAKE WORTH FL 33460

Title SECRETARY
Name PACE, CARMINE
Address C/O OCEAN BREEZE COMMUNITY
MGMT., LLC
631 LUCERNE AVE SUITE 35
City-State-Zip: LAKE WORTH FL 33460

Title TREASURER
Name GIAMMICHELE, MARIO
Address C/O OCEAN BREEZE COMMUNITY
MGMT., LLC
631 LUCERNE AVE SUITE 35
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR
Name PAVONE, PAUL
Address C/O OCEAN BREEZE COMMUNITY
MGMT., LLC
631 LUCERNE AVE SUITE 35
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR
Name POZZI, SERGIO
Address C/O OCEAN BREEZE COMMUNITY
MGMT., LLC
631 LUCERNE AVE SUITE 35
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR
Name DIGRANDE, CARMINE
Address C/O OCEAN BREEZE COMMUNITY
MGMT., LLC
631 LUCERNE AVE SUITE 35
City-State-Zip: LAKE WORTH FL 33460

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: AUDREY BLOODWORTH

VP

08/30/2021

Electronic Signature of Signing Officer/Director Detail

Date