

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 718703

Entity Name: CONDOMINIUM ASSOCIATION OF LAKESIDE VILLAGE, INC.

FILED
May 23, 2018
Secretary of State
CC9350887387

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: No

Name and Address of Current Registered Agent:

KONYK & LEMME PLLC
777 S FLAGLER DRIVE
800 WEST TOWER
WEST PALM BEACH, FL 33401 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: CHELLE KONYK, ESQ.

05/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title V-PRESIDENT
Name HOWELL, ROBERT
Address LAKESIDE VILLAGE
500 LORI DRIVE
City-State-Zip: PALM SPRINGS FL 33461

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

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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: DON FREDERICK

PRES

05/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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