

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

DOCUMENT# 753548

**Entity Name:** LAKESIDE GREEN PATIO HOMES ASSOCIATION, INC.

**FILED**  
**Feb 20, 2021**  
**Secretary of State**  
**1787156181CC**

**Current Principal Place of Business:**

C/O FLORIDA SKYLINE MANAGEMENT  
22163 MAJESTIC WOODS WAY  
BOCA RATON, FL 33428

**Current Mailing Address:**

C/O FLORIDA SKYLINE MANAGEMENT  
22163 MAJESTIC WOODS WAY  
BOCA RATON, FL 33428 US

**FEI Number: 59-2410263**

**Certificate of Status Desired: No**

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

FLORIDA SKYLINE MANAGEMENT  
C/O FLORIDA SKYLINE MANAGEMENT  
22163 MAJESTIC WOODS WAY  
BOCA RATON, FL 33428 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: KARLA RAMIREZ**

**02/20/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SULLIVAN, KIMBERLY  
Address        C/O FLORIDA SKYLINE MANAGEMENT  
                  22163 MAJESTIC WOODS WAY  
City-State-Zip: BOCA RATON FL 33428

Title           SECRETARY  
Name           REED, JADA  
Address        C/O FLORIDA SKYLINE MANAGEMENT  
                  22163 MAJESTIC WOODS WAY  
City-State-Zip: BOCA RATON FL 33428

Title           PRESIDENT  
Name           LANIER, SAUNDRA  
Address        C/O FLORIDA SKYLINE MANAGEMENT  
                  22163 MAJESTIC WOODS WAY  
City-State-Zip: BOCA RATON FL 33428

Title           VP  
Name           DELLRARIA, CHRISTINE  
Address        C/O FLORIDA SKYLINE MANAGEMENT  
                  22163 MAJESTIC WOODS WAY  
City-State-Zip: BOCA RATON FL 33428

Title           DIRECTOR  
Name           ROSEN, EITAN  
Address        C/O FLORIDA SKYLINE MANAGEMENT  
                  22163 MAJESTIC WOODS WAY  
City-State-Zip: BOCA RATON FL 33428

*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: LANIER , SAUNDRA**

**PRESIDENT**

**02/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date