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.

SECRETARY

SIGNATURE: KELLY SULLIVAN

Electronic Signature of Signing Officer/Director Detail

3188 SE 12 STREET POMPANO BEACH, FL 33062 US

**Current Principal Place of Business:** 

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: LAKESIDE MEWS OWNERS ASSOCIATION, INC.

## FEI Number: 59-2354839

POMPANO BEACH, FL 33062

**Current Mailing Address:** 

DOCUMENT# 760757

3188 SE 12TH ST

## Name and Address of Current Registered Agent:

NARKIER, MARK 3188 SE 12TH ST POMPANO BEACH, FL 33062 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

## **Officer/Director Detail :**

Title	D	Title	SD
Name	NARKIER, JENNIFER	Name	SULLIVAN, KELLY
Address	3188 SE 12TH ST	Address	3200 SE 12TH ST
City-State-Zip:	POMPANO BEACH FL 33062	City-State-Zip:	POMPANO BEACH FL 33062

Certificate of Status Desired: No

Date

04/27/2015

Date