2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2021
Secretary of State
3164156479CC

DOCUMENT# 762353

Entity Name: LAKESIDE AT LOCHMOOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2069 W LAKEVIEW BLVD
NORTH FT MYERS, FL 33903

Current Mailing Address:

C/O COMPASS ROSE MANAGEMENT
1010 N.E. 9TH STREET SUITE A
CAPE CORAL, FL 33909 US

FEI Number: 59-2243864

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMPASS ROSE MANAGEMENT
C/O COMPASS ROSE MANAGEMENT
1010 N.E. 9TH STREET SUITE A
CAPE CORAL, FL 33909 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: TOSH TRICAS 02/24/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	PETERSEN, CAROL	Name	WOODS , GERRY
Address	C/O COMPASS ROSE MANAGEMENT 1010 N.E. 9TH STREET SUITE A	Address	C/O COMPASS ROSE MANAGEMENT 1010 N.E. 9TH STREET SUITE A
City-State-Zip:	CAPE CORAL FL 33909	City-State-Zip:	CAPE CORAL FL 33909
Title	DIRECTOR	Title	SECRETARY
Name	PRICE, AL	Name	DAVENPORT, ELLA
Address	C/O COMPASS ROSE MANAGEMENT 1010 N.E. 9TH STREET SUITE A	Address	C/O COMPASS ROSE MANAGEMENT 1010 N.E. 9TH STREET SUITE A
City-State-Zip:	CAPE CORAL FL 33909	City-State-Zip:	CAPE CORAL FL 33909
Title	TREASURER		
Name	MINDEL, MARILYN		
Address	C/O COMPASS ROSE MANAGEMENT 1010 N.E. 9TH STREET SUITE A		
City-State-Zip:	CAPE CORAL FL 33909		

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: CAROL PETERSEN PRESIDENT 02/24/2021

Electronic Signature of Signing Officer/Director Detail — Date