

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768847

**Entity Name:** LAKESIDE GREEN RECREATIONAL ASSOCIATION, INC.

**FILED**  
**Mar 27, 2023**  
**Secretary of State**  
**5664395455CC**

**Current Principal Place of Business:**

C/O EDWARD DICKER  
8855 GOLDEN MOUNTAIN CIRCLE  
BOYNTON BEACH, FL 33473

**Current Mailing Address:**

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.  
8135 LAKE WORTH RD., SUITE B  
LAKE WORTH, FL 33467 US

**FEI Number: 59-2518204**

**Certificate of Status Desired: No**

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

DICKER, EDWARD  
8855 GOLDEN MOUNTAIN CIRCLE  
BOYNTON BEACH, FL 33473 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: EDWARD DICKER**

**03/27/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FREITAS, JAMES  
Address        8135 LAKE WORTH RD,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            ROCCANOVA, MARY  
Address        8135 LAKE WORTH RD,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            COLLURA, BEVERLY  
Address        8135 LAKE WORTH RD,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            LANIER, SAUNDRA  
Address        8135 LAKE WORTH RD,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            HILL, SHEILA  
Address        C/O ASSOCIATED PROPERTY  
                  MANAGEMENT  
                  8135 LAKE WORTH RD., SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            HAYES, NORMA  
Address        8135 LAKE WORTH ROAD  
                  STE B  
City-State-Zip: LAKE WORTH FL 33467

*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: JAMES FREITAS**

**PRESIDENT**

**03/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date