

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768847

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

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC2328075915**

**Current Principal Place of Business:**

C/O ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH ROAD  
LAKE WORTH, FL 33461

**Current Mailing Address:**

C/O ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH ROAD  
LAKE WORTH, FL 33461 US

**FEI Number: 59-2518204**

**Certificate of Status Desired: No**

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

DICKER, EDWARD ESQ  
1818 AUSTRALIAN AVE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 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 Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KELLY, DIANE  
Address        1928 LAKE WORTH RD  
City-State-Zip: LAKE WORTH FL 33461

Title            TREASURER  
Name            COLLURA, BEVERLY  
Address        1928 LAKE WORTH RD  
City-State-Zip: LAKE WORTH FL 33461

Title            VP  
Name            FREITAS, JAMES  
Address        1928 LAKE WORTH RD.  
City-State-Zip: LAKE WORTH FL 33461

Title            SECRETARY  
Name            ROCCANOVA, MARY  
Address        1928 LAKE WORTH RD.  
City-State-Zip: LAKE WORTH FL 33461

Title            DIRECTOR  
Name            CLARK, DIANE  
Address        1928 LAKE WORTH RD.  
City-State-Zip: LAKE WORTH FL 33461

Title            DIRECTOR  
Name            MOORE, ROBERT  
Address        1928 LAKE WORTH RD  
City-State-Zip: LAKE WORTH FL 33461

*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: DIANE KELLY**

**PRESIDENT**

**02/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date