

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004825

Entity Name: THE TOWNS AT LAKESIDE ASSOCIATION, INC.**Current Principal Place of Business:**321 INTERSTATE BLVD
SARASOTA, FL 34240**Current Mailing Address:**C/O SUNVAST PROPERTIES, INC.
321 INTERSTATE BLVD
SARASOTA, FL 34240**FEI Number:** 20-3344284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUNVAST PROPERTIES, INC.
321 INTERSTATE BLVD
SARASOTA, FL 34240 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	DIRECTOR
Name	WILLS, DIANNE
Address	1198 JONAH DRIVE
City-State-Zip:	NORTH PORT FL 34289

Title	SECRETARY
Name	BLATTER, SCOTT
Address	1191 JONAH DRIVE
City-State-Zip:	NORTH PORT FL 34289

Title	PRESIDENT
Name	CRUISE, PATRICIA
Address	1052 JONAH DRIVE
City-State-Zip:	NORTH PORT FL 34289

Title	VP
Name	FINKELSTEIN, MARYANNE
Address	1193 JONAH DRIVE
City-State-Zip:	NORTH PORT FL 34289

Title	TREASURER
Name	POULOS, DEVON
Address	1255 JONAH DRIVE
City-State-Zip:	NORTH PORT FL 34289

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: MARYANNE FINKELSTEIN

VP

04/07/2022

Electronic Signature of Signing Officer/Director Detail_____
Date