

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

DOCUMENT# N06000002806

**Entity Name:** LAKESIDE VILLAGE OF DAVIE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 03, 2015**  
**Secretary of State**  
**CC5792720792**

**Current Principal Place of Business:**

6950 GRIFFIN ROAD  
DAVIE, FL 33314

**Current Mailing Address:**

6950 GRIFFIN ROAD  
DAVIE, FL 33314

**FEI Number: 20-8423245**

**Certificate of Status Desired: No**

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

KLEMOW, JORDAN  
6950 GRIFFIN ROAD  
DAVIE, FL 33314 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	PTD	Title	VPD
Name	KLEMOW, JORDAN	Name	BRINEGAR, WILLIAM
Address	6950 GRIFFIN ROAD	Address	C/O MILLER REALTY MGMT. LLC 6352 SHADOW CREEK VILLAGE CIRCLE
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	LAKE WORTH FL 33463
Title	SD		
Name	DENNIS, JOSEPH		
Address	C/O MILLER REALTY MGMT. LLC 6352 SHADOW CREEK VILLAGE CIRCE		
City-State-Zip:	LAKE WORTH FL 33463		

*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: JORDAN KLEMOW**

**PRESIDENT**

**03/03/2015**

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

\_\_\_\_\_  
Date