

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

DOCUMENT# N08519

**Entity Name:** LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 5, INC.

**FILED**  
**Feb 05, 2015**  
**Secretary of State**  
**CC5215490610**

**Current Principal Place of Business:**

C/O 1928 LAKE WORTH RD.  
LAKE WORTH, FL 33461

**Current Mailing Address:**

C/O 1928 LAKE WORTH RD.  
LAKE WORTH, FL 33461

**FEI Number: 59-2739311**

**Certificate of Status Desired: No**

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

DICKER, EDWARD ESQ  
1818 AUSTRALIAN AVE SO  
#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 VP  
Name VEVERKA, MARY  
Address 4379-C WILLOW POND RD.  
City-State-Zip: WEST PALM BEACH FL 33417

Title PRESIDENT  
Name EDWARDS, TORINA  
Address 4395-B WILLOW POND RD  
City-State-Zip: WEST PALM BEACH FL 33417

Title SECRETARY  
Name HAYES, NORMA  
Address 4411-D WILLOW POND RD.  
City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER  
Name WENK, CRAIG  
Address 4499-D WILLOW POND RD.  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name LOWERY, CINDY  
Address 1928 LAKE WORTH ROAD  
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: TORINA EDWARDS**

**PRESIDENT**

**02/05/2015**

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

\_\_\_\_\_  
Date