## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08519

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

FILED Jan 25, 2016 Secretary of State CC4977381348

# **Current Principal Place of Business:**

C/O 8135 LAKE WORTH RD.

SUITE B

LAKE WORTH, FL 33467

# **Current Mailing Address:**

C/O 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467 US

FEI Number: 59-2739311 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STOLOFF, SCOTT 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: SCOTT STOLOFF 01/25/2016

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title VP Title PRESIDENT

Name WENK, CRAIG Name EDWARDS, TORINA

Address 499-D WILLOW POND RD. Address 4395-B WILLOW POND RD

City-State-Zip: WEST PALM BEACH FL 33417 City-State-Zip: WEST PALM BEACH FL 33417

Title SECRETARY Title TREASURER

Name ANDERSON, BARBARA Name WENK, CRAIG

Address 4387-A WILLOW POND RD. Address 4499-D WILLOW POND RD.

City-State-Zip: WEST PALM BEACH FL 33417 City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR Title DIRECTOR

Name SINGH, SEAN Name TWADDELL, TRACY

Address 8135 LAKE WORTH ROAD Address C/O 8135 LAKE WORTH RD

SUITE B SUITE B

City-State-Zip: LAKE WORTH FL 33467 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: TORINA EDWARDS

**PRESIDENT** 

01/25/2016