

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000006542

Entity Name: LAKESIDE PROFESSIONAL OFFICES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6950 PHILIPS HIGHWAY, SUITE 15
JACKSONVILLE, FL 32216**Current Mailing Address:**6950 PHILIPS HIGHWAY, SUITE 15
JACKSONVILLE, FL 32216 US**FEI Number:** 84-3512131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT ROAD, BLDG 100
JACKSONVILLE, FL 32256 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	PDAT
Name	KING, T. FITCH III
Address	6950 PHILLIPS HWY, STE 15
City-State-Zip:	JACKSONVILLE FL 32216
Title	DVPT
Name	SILVERFIELD, LEED C
Address	10175 FORTUNE PARKWAY, STE 1005
City-State-Zip:	JACKSONVILLE FL 32256

Title	DVPS
Name	MORALES, RICARDO III
Address	6950 PHILLIPS HWY, STE 15
City-State-Zip:	JACKSONVILLE FL 32216
Title	VP
Name	ADAMS, RAYMOND
Address	10175 FORTUNE PARKWAY SUITE 1005
City-State-Zip:	JACKSONVILLE FL 32256

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: T. FITCH KING, III**PRESIDENT****02/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date