

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

DOCUMENT# N24499

**FILED**  
**Mar 03, 2015**  
**Secretary of State**  
**CC6260287164**

**Entity Name:** LAKESIDE NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2389 TREASURE ISLE DR  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

7260 WEST OAKLAND PARK BLVD  
LAUDERDALE, FL 33313 US

**FEI Number: 65-0054017**

**Certificate of Status Desired: No**

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

DICKER, KRIVOK & STOLOFF, PA  
1818 AUSTRALIAN AVENUE SOUTH  
SUITE 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            S D  
Name            STAEHLE, RUTH S  
Address        2480 TREASURE ISLE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            P D  
Name            MARTIN, DONNA  
Address        2354 TREASURE ISLE DR  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            D  
Name            GENNARELLI, CHARLES  
Address        2378 TREASURE ISLE DR  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            T D  
Name            FIELDS, MARTHA  
Address        2360 TREASURE ISLE DR  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            D  
Name            GALLAGHER, GERARD  
Address        2462 TREASURE ISLE DRIVE  
                  B-04  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            VP D  
Name            WATERMAN, WALLI  
Address        2396 TREASURE ISLE DRIVE  
                  B-15  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: DONNA MARTIN**

**PRESIDENT**

**03/03/2015**

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

\_\_\_\_\_  
Date