

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24499

FILED
Jan 07, 2022
Secretary of State
7393510681CC

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:

C/O HARBOR MANAGEMENT
641 UNIVERSITY BLVD. STE 205
JUPITER, FL 33458 US

FEI Number: 65-0054017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STOLOFF AND MANOFF 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: SCOTT STOLOFF

01/07/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name STAEHLE, RUTH S
Address 2480 TREASURE ISLE
City-State-Zip: PALM BEACH GARDENS FL 33410

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

Title VP
Name BYRUM, JEFF
Address 2342 TREASURE ISLE DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY
Name SMYKLA, JOHN
Address 2438 TREASURE ISLE DRIVE
B08
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name FRECK, JANE
Address 2468 TREASURE ISLE DRIV
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name LASHWAY, SHARON
Address C/O HARBOR MANAGEMENT
641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

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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: WALLI WATERMAN

PRESIDENT

01/07/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GENNARELLI, CAROLE
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458