

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24499

Entity Name: LAKESIDE NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.**FILED**
Jan 25, 2023
Secretary of State
1608562858CC**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****01/25/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title TREASURER
Name FIELDS, MARTHA
Address C/O HARBOR MANAGEMENT
641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

Title PRESIDENT
Name WATERMAN, WALLI
Address C/O HARBOR MANAGEMENT
641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

Title VP
Name BYRUM, JEFF
Address C/O HARBOR MANAGEMENT
641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

Title SECRETARY
Name SMYKLA, JOHN
Address C/O HARBOR MANAGEMENT
641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

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

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

Title DIRECTOR
Name MILLER, MICHAEL C.
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****01/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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