

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24499

Entity Name: LAKESIDE NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.**FILED**
Mar 02, 2014
Secretary of State
CC8531771593**Current Principal Place of Business:**2389 TREASURE ISLE DR
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**7264 WEST OAKLAND PARK BLVD
LAUDERDALE, FL 33313**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	D
Name	STAEHLE, RUTH S
Address	2480 TREASURE ISLE
City-State-Zip:	PALM BEACH GARDENS FL 33410

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

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

Title	TD
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	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****03/02/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date