

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24499

FILED
Feb 16, 2020
Secretary of State
6153171246CC

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:

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 **02/16/2020**
Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title	DIRECTOR	Title	TREASURER
Name	STAEHLE, RUTH S	Name	FIELDS, MARTHA
Address	2480 TREASURE ISLE	Address	2360 TREASURE ISLE DR
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	D	Title	PRESIDENT
Name	GALLAGHER, GERARD	Name	WATERMAN, WALLI
Address	2462 TREASURE ISLE DRIVE B-04	Address	2396 TREASURE ISLE DRIVE B-15
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	VP	Title	DIRECTOR
Name	BYRUM, JEFF	Name	GENERERALLI, CHARLES
Address	2342 TREASURE ISLE DRIVE	Address	2378 TREASURE ISLE DRIVE B18
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	DIRECTOR	Title	SECRETARY
Name	HASSET, JAMES	Name	SMYKLA, JOHN
Address	2366 TREASURE ISLE DRIVE B20	Address	2438 TREASURE ISLE DRIVE B08
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

Continues on page 2

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** **02/16/2020**
Electronic Signature of Signing Officer/Director Detail Date

Officer/Director Detail Continued :

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