

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31861

**Entity Name:** LAKESIDE LAKE HOMES NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109

**Current Mailing Address:**

C/O ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 US

**FEI Number:** 65-0127431

**Certificate of Status Desired:** No

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

ABILITY MANAGEMENT, INC  
C/O ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 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:** DENNIS LIVELY

04/18/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PLUMMER, LARRY  
Address 2812 SAILORS WAY  
City-State-Zip: NAPLES FL 34109

Title D  
Name GUTSHALL, FRED  
Address 2632 SAILORS WAY  
City-State-Zip: NAPLES FL 34109

Title VP  
Name SCHROEDER, THOMAS  
Address 2712 SAILORS WAY  
City-State-Zip: NAPLES FL 34109

Title TREASURER  
Name CONIFREY, JULIA  
Address 2806 SAILORS WAY  
City-State-Zip: NAPLES FL 34109

Title SECRETARU  
Name DAVIT, CHRISTINE  
Address 2728 SAILORS WAY  
City-State-Zip: NAPLES FL 34109

*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:** LARRY PLUMMER

PRES

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date