

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31861

FILED
Apr 25, 2024
Secretary of State
2500490442CC

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

04/25/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SCHROEDER, THOMAS
Address C/O ABILITY MANAGEMENT, INC
 6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name PANEK, CARL
Address C/O ABILITY MANAGEMENT, INC
 6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name CONIFREY, JULIA
Address C/O ABILITY MANAGEMENT, INC
 6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title TREASURER
Name HUSSEY, RUTH
Address C/O ABILITY MANAGEMENT, INC
 6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title SECRETARY
Name DAVIT, CHRISTINE
Address C/O ABILITY MANAGEMENT, INC
 6736 LONE OAK BLVD
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: THOMAS SCHROEDER

PRESIDENT

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date