

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

DOCUMENT# N37043

**FILED**  
**Mar 08, 2023**  
**Secretary of State**  
**3378989976CC**

**Entity Name:** LAKE SIDE ESTATES PHASE II HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1289 SE LAKE RD  
ARCADIA, FL 34266

**Current Mailing Address:**

1289 SE LAKE RD  
ARCADIA, FL 34266 US

**FEI Number:** 65-0181725

**Certificate of Status Desired:** No

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

MCNULTY, TERESA  
1289 SE LAKE RD  
ARCADIA, FL 34266-3915 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:** TERESA MCNULTY

03/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name LALUMIERE, LOU  
Address 2306 SE RACKEWEG ST  
City-State-Zip: ARCADIA FL 34266

Title SECRETARY  
Name VAN LOAN, PAT  
Address 1231 SE LAKE RD  
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR  
Name DEHM, RICHARD  
Address 1221 SE LAKE RD  
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR  
Name WELCH, DAVID  
Address 2331 RACKEWEG ST  
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR  
Name SHARON, CAMPBELL  
Address 1379 SE LAKE RD  
City-State-Zip: ARCADIA FL 34266

Title TREASURER  
Name MCNULTY, TERESA  
Address 1289 SE LAKE RD  
City-State-Zip: ARCADIA FL 34266

*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:** TERESA MCNULTY

TREASURER

03/08/2023

Electronic Signature of Signing Officer/Director Detail

Date