

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 199250

**Entity Name:** LAKESIDE APARTMENTS OF POMPANO INC

**Current Principal Place of Business:**

3201 SE 12TH STREET  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

PO BOX 669510  
POMPANO BCH, FL 33066 US

**FEI Number: 59-0941619**

**Certificate of Status Desired: No**

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

GORMAN, ROBERT  
3201 S.E. 12TH ST.  
A-8  
POMPANO BEACH, FL 33062 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            PRESIDENT  
Name            GEDDES, JAMES  
Address        3201 SE 12TH ST B-6  
City-State-Zip: POMPANO BEACH FL 33062

Title            SECRETARY  
Name            MICHAEL , MARZELLA  
Address        3201 SE 12TH STREET  
                  APT C-3  
City-State-Zip: POMPANO BEACH FL 33062

Title            TREASURER  
Name            GORMAN, ROBERT  
Address        3201 SE 12TH STREET  
                  APT A-8  
City-State-Zip: POMPANO BEACH FL 33062

Title            VP  
Name            PAULUSMA, PAULUS  
Address        3201 SE 12TH STREET  
                  APT B-4  
City-State-Zip: POMPANO BEACH FL 33062

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES GEDDES**

**PRESIDENT**

**04/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date