

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90112 024 ****61.25

DOCUMENT # 747641

1. Entity Name
LAKESIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1111 SE FEDERAL HWY
STE 100
STUART, FL 34994**

Mailing Address
**1111 SE FEDERAL HWY
STE 100
STUART, FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2022560

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORTE, LORRAINE
1111 SE FEDERAL HWY
STE 100
STUART, FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HALL, THOMAS ☒ Delete
STREET ADDRESS 102 THISTLE PATCH WAY
CITY-ST-ZIP HINGHAM, MA 02043

TITLE SD
NAME SEELEY, PAUL ☒ Delete
STREET ADDRESS 5596 NE GULF STREAM WAY
CITY-ST-ZIP STUART, FL 34996

TITLE VPD
NAME JONES, BENJAMIN ☐ Delete
STREET ADDRESS 5574 NE GULFSTREAM WAY
CITY-ST-ZIP STUART, FL 34996

TITLE ASD
NAME HITCHINGS, SUSANNE ☒ Delete
STREET ADDRESS 5589 NE GULFSTREAM WAY
CITY-ST-ZIP STUART, FL 34996

TITLE D
NAME MOORE, BARBARA ☒ Delete
STREET ADDRESS 5556 NE GULFSTREAM WAY
CITY-ST-ZIP STUART, FL 34996

TITLE TD
NAME MANNING, PAUL ☒ Delete
STREET ADDRESS 5593 NE GULFSTREAM WAY
CITY-ST-ZIP STUART, FL 34996

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME McDONALD, LARRY
STREET ADDRESS 5584 NE GULFSTREAM WAY
CITY-ST-ZIP STUART, FL 34996

TITLE SD ☐ Change ☒ Addition
NAME SHORTEN, LIANE
STREET ADDRESS 5563 NE GULFSTREAM WAY
CITY-ST-ZIP STUART, FL 34996

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME HERRERA, ALEX
STREET ADDRESS 5536 NE GULFSTREAM WAY
CITY-ST-ZIP STUART, FL 34996

TITLE ASD ☐ Change ☒ Addition
NAME DELOSO, WILLIAM
STREET ADDRESS 5548 NE GULFSTREAM WAY
CITY-ST-ZIP STUART, FL 34996

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #