


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90359 020 ****61.25

DOCUMENT # 756826 1. Entity Name LAKESIDE CONDOMINIUM ASSOCIATION NO. 1, INC.			
Principal Place of Business 10780 CEDAR POINT BLVD. BOYNTON BEACH FL 33437		Mailing Address 10780 CEDAR POINT BLVD. BOYNTON BEACH FL 33437	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State 	
Zip 	Country 	Zip 	Country
6. Name and Address of Current Registered Agent CUSTOM PROPERTY MANAGEMENT 2328 SO. CONGRESS AVE, STE. 2A WEST PALM BEACH FL 33406		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CANOSA, WILLIAM 5400 CEDARLAKE #101 BOYNTON BCH FL 33437	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S DRAZIN, THEBE 5324 CEDER LAKE DR. #202 BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BRUSSO, ELEANOR 5306 CEDAR LAKE DR #201 BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T FEINBERG, FRED 5306 CEDAR LAKE DRIVE #101 BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD DRAZIN, MARVIN 5324 CEDAR LAKE BLVD, #202 BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/06)

4. FEI Number **59-2156574** Applied For ☐ Not Applicable ☐

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William Canosa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-07

Date

Daytime Phone #