

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764953

1. Entity Name

LAKESIDE CONDOMINIUM ASSOCIATION NO. 4, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90041 042 ****61.25

Principal Place of Business

10137 MANGROVE DR. + 10141 MANGROVE
BOYNTON BEACH FL 33437-1310

Mailing Address

10780 CEDAR POINT BLVD
BOYNTON BEACH FL 33437-1310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2293870

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CUSTOM PROPERTY MGMT
2328 S CONGRESS AVE, STE 2A
WEST PALM BCH FL 33406

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete
NAME POMERANTZ, ANNETTE
STREET ADDRESS 10141 MANGROVE #105
CITY-ST-ZIP BOYNTON BEACH FL

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

TITLE VPD ☐ Delete
NAME BROWNSTEIN, HERBERT
STREET ADDRESS 10137 MANGROVE DR. #104
CITY-ST-ZIP BOYNTON BEACH FL

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

TITLE PD ☐ Delete
NAME POMERANTZ, SHIRLEY
STREET ADDRESS 10141 MANGROVE DR #205
CITY-ST-ZIP BOYNTON BCH FL

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

TITLE TD ☐ Delete
NAME LASKY, JEROME
STREET ADDRESS 10137 MANGROVE DR #103
CITY-ST-ZIP BOYNTON BCH FL

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

TITLE S ☒ Delete
NAME COHEN, ARNOLD
STREET ADDRESS 10137 MANGROVE DR. #202
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE S ☐ Change ☒ Addition
NAME RESNICK, IRVING
STREET ADDRESS 10137 MANGROVE DRIVE #106
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: *Shirley Pomerantz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00
Date

Daytime Phone #

CR2E037 (9/99)