

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0035742

DOCUMENT # 764953

1. Entity Name

LAKESIDE CONDOMINIUM ASSOCIATION NO. 4, INC.

Principal Place of Business

Mailing Address

10541 MANGROVE DR
 BOYNTON BEACH FL 33437-1310

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

Zip

Country

Zip

Country

4. FEI Number

59-2293870

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

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 **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 **RESNICK, IRVING**
 STREET ADDRESS **10137 MANGROVE DRIVE 106**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE **D** ☐ Delete
 NAME **ABRAMSKY, HERMAN**
 STREET ADDRESS **10141 MANGROVE DR #102**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **TD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **KRAMER, GLORIA**
 STREET ADDRESS **10141 MANGROVE DRIVE #103**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

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
Shirley Pomerantz

4/1/02 *73404241*

CR2E037 (9/01)