2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 764953

Entity Name: LAKESIDE CONDOMINIUM ASSOCIATION NO. 4, INC.

Current Principal Place of Business:

10141 MANGROVE DR
BOYNTON BEACH, FL 334371310

New Principal Place of Business:

10780 CEDAR POINT BOULEVARD
BOYNTON BEACH, FL 334371310

Current Mailing Address:

10780 CEDAR POINT BLVD
BOYNTON BEACH, FL 334371310

New Mailing Address:

10780 CEDAR POINT BOULEVARD
BOYNTON BEACH, FL 334371310

FEI Number: 59-2293870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: BROWNSTEIN, HERBERT
Address: 10137 MANGROVE DR. #104
City-St-Zip: BOYNTON BEACH, FL

Title: PD ( ) Delete
Name: POMERANTZ, SHIRLEY,
Address: 10141 MANGROVE DR #205
City-St-Zip: BOYNTON BCH, FL

Title: S ( ) Delete
Name: LASKY, JERRY
Address: 10137 MANGROVE DR #103
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD ( ) Delete
Name: ABRAMSKY, HERMAN
Address: 10141 MANGROVE DR #102
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: NELSON, CHARLES
Address: 10137 MANGROVE DR #105
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY POMERANTZ P 01/06/2009

Electronic Signature of Signing Officer or Director — Date