2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 05, 2006 8:00 am Secretary of State **DOCUMENT # 767918** 1. Entity Name 04-05-2006 90141 029 ****61.25 LAKESIDE CONDOMINIUM ASSOCIATION NO. 6, INC. Principal Place of Business Mailing Address 10780 CEDAR POINT BLVD. 10780 CEDAR POINT BLVD. BOYNTON BCH. FL 33437 BOYNTON BCH. FL 33437 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 59-2293873 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUSTOM PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 2328 SOUTH CONGRESS AVENUE SUITE 2A WEST PALM BEACH FL 33406 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 1 FILE NOW: FEE IS \$61.25" 9. Election Campaign Financing \$5.00 May Be Make Check Payable to 1 Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VD TITLE TOTLE ☐ Change ☐ Addition ☐ Delete ROSSMAN, BERTRAM NAME NAME STREET ADDRESS 10104 MANGROVE DR #105 STREET ADDRESS BOYNTON BCH. FL 33437 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Change Addition TITLE ☐ Delete TITLE RAISNER, HARVEY L NAME NAME 10118 MANGROVE DR #203 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP TITLE PD Delete ☐ Change ☐ Addition TITLE MILLER, WILLIAM NAME NAME 10188 MANGROVE DR., #105 STREET ADDRESS STREET ADDRESS CITY - ST- ZtP **BOYNTON BEACH FL 33437** CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE DEEGLER, JANE NAME NAME STREET ADDRESS 10204 MANGROVE DR. #201 STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE PORTNEY, BERNICE NAME NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

Bent Milworn BERTRAM R. ROSSMAH

10204 MANGROVE DR. #204

BOYNTON BEACH FL 33437

☐ Defete

FILED

☐ Change

☐ Addition