

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

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

03-12-2007 90098 050 ****61.25

DOCUMENT # 767918

1. Entity Name

LAKESIDE CONDOMINIUM ASSOCIATION NO. 6, INC.



Principal Place of Business

Mailing Address

10780 CEDAR POINT BLVD.
BOYNTON BCH. FL 33437

10780 CEDAR POINT BLVD.
BOYNTON BCH. 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

4. FEI Number

59-2293873

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 MANAGEMENT
2328 SOUTH CONGRESS AVENUE
SUITE 2A
WEST PALM BEACH 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. 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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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: VD ☐ Delete
NAME: ROSSMAN, BERTRAM
STREET ADDRESS: 10104 MANGROVE DR #105
CITY ST ZIP: BOYNTON BCH. FL 33437

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

TITLE: TD ☐ Delete
NAME: RAISNER, HARVEY L
STREET ADDRESS: 10118 MANGROVE DR #203
CITY ST ZIP: BOYNTON BEACH FL 33437

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

TITLE: PD ☐ Delete
NAME: MILLER, WILLIAM
STREET ADDRESS: 10188 MANGROVE DR., #105
CITY ST ZIP: BOYNTON BEACH FL 33437

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

TITLE: SD ☒ Delete
NAME: DEEGLER, JANE
STREET ADDRESS: 10204 MANGROVE DR. #201
CITY ST ZIP: BOYNTON BEACH FL 33437

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: PORTNEY, BERNICE
STREET ADDRESS: 10204 MANGROVE DR. #204
CITY ST ZIP: BOYNTON BEACH FL 33437

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY ST ZIP: ☐ Delete

☐ Change ☒ Addition
TITLE: SD
NAME: RUND, GERALD
STREET ADDRESS: 10188 MANGROVE DR. #206
CITY ST ZIP: BOYNTON BEACH, FL 33437

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 Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/07 561-7310110
Date Daytime Phone #