

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

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

03-12-2007 90098 046 \*\*\*\*61.25

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # 769798</b><br>1. Entity Name<br><b>LAKESIDE CONDOMINIUM ASSOCIATION NO. 7, INC.</b>   |  |  |  |           |  |
| Principal Place of Business<br><b>10780 CEDAR POINT BLVD<br/>BOYNTON BEACH FL 33437</b>   |  |  | Mailing Address<br><b>10780 CEDAR POINT BLVD<br/>BOYNTON BEACH FL 33437</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  |  |
| 4. FEI Number<br><b>59-2365044</b>  |  |  |  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |  |  | 1st MOORE CR2E037 (10/06)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CUSTOM PROPERTY MGMT<br/>2328 S. CONGRESS AVE<br/>SUITE 2A<br/>WEST PALM BEACH FL 33406</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                       |  |  |  |  |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  | <b>Make Check Payable to<br/>Florida Department of State</b>                               |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | D<br>GITLIN, MILTON<br>5344 CEDAR LAKE DR - #103<br>BOYNTON BEACH FL 33437   | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | SD<br>Tasch, Helen<br>10118 Mangrove Dr. #102<br>Boynton Beach, FL 33437                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | SD<br>LIBENSON, NONA<br>10118 MANGROVE DR #202<br>BOYNTON BEACH FL 33437     | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | VP<br>White, Norman<br>10118 Mangrove Dr. #103<br>Boynton Beach, FL 33437                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | VP<br>WINN, LEONARD<br>10126 MANGROVE DR # 101<br>BOYNTON FL 33437           | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | D<br>Mascarini, Michael<br>5344 Cedar Lake Dr. #201<br>Boynton Beach, FL 33437             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | D<br>TASCH, ISADORE<br>10118 MANGROVE DRIVE #102<br>BOYNTON BEACH FL 33437   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | D<br>Weiss, Robert<br>5344 Cedar Lake Dr. #203<br>Boynton Beach, FL 33437                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | D<br>SCHOENHAUS, KAROLYN<br>10118 MANGROVE DR #206<br>BOYNTON BEACH FL 33437 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | D<br>Weiss, Robert<br>5344 Cedar Lake Dr. #203<br>Boynton Beach, FL 33437                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | PD<br>JOSELLE, MARTY<br>10118 MANGROVE DRIVE, #101<br>BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | D<br>Weiss, Robert<br>5344 Cedar Lake Dr. #203<br>Boynton Beach, FL 33437                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:** Marty Joselle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

60022629

LAKESIDE CONDOMINIUM #7

FEI #59-2365044

DOCUMENT #769798

Title: Treasurer  
Name: Jerome Deluty  
Address: 10126 Mangrove Dr. #201  
Boynton Beach, FL 33437