

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90079 014 ****61.25

DOCUMENT # 770679

1. Entity Name

LAKESIDE CONDOMINIUM ASSOCIATION NO. 9, INC.



Principal Place of Business

10780 CEDAR POINT BLVD.
BOYNTON BEACH FL 33437

Mailing Address

10780 CEDAR POINT BLVD.
BOYNTON BEACH FL 33437

50035128



1st MOORE

CR2E037 (10/04)

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

59-2365048

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
6620 LAKE WORTH ROAD, SUITE #1
LAKE WORTH FL 33467

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE TRD ☒ Delete
NAME ARBEITMAN, MURRAY
STREET ADDRESS 10092 CEDAR POINT BLVD, 201
CITY-ST-ZIP BOYTON BEACH FL 33437

TITLE VD ☒ Delete
NAME SCHNEIDER, SEYMOUR
STREET ADDRESS 10092 CEDAR POINT BLVD., #105
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE PD ☐ Delete
NAME FLAXMAN, BARBARA
STREET ADDRESS 10110 CEDAR PT. BLVD. #105
CITY-ST-ZIP BOYNTON BCH FL 33437

TITLE SD ☐ Delete
NAME SASSOWER, HARRY
STREET ADDRESS 10092 CEDAR PT. BLVD. #305
CITY-ST-ZIP BOYNTON BCH FL 33437

TITLE D ☐ Delete
NAME WEINBERG, HOWARD
STREET ADDRESS 10092 CEDAR POINT BLVD. #203
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☐ Change ☒ Addition
NAME ZURIER, ELEANOR
STREET ADDRESS 10092 CEDAR POINT BLVD. #101
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE TRD ☒ Change ☐ Addition
NAME FLAXMAN, BARBARA
STREET ADDRESS 10110 CEDAR PT. BLVD. #105
CITY-ST-ZIP BOYNTON BEACH, FL 33437

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

TITLE VD ☒ Change ☐ Addition
NAME WEINBERG, HOWARD
STREET ADDRESS 10092 CEDAR PT. BLVD. #203
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE PD ☐ Change ☒ Addition
NAME FOX, HAROLD
STREET ADDRESS 10110 CEDAR PT. BLVD. #106
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:

Barbara Flaxman, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2005
Date

Daytime Phone #