

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

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90130 023 ****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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

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

CUSTOM PROPERTY MANAGEMENT
6620 LAKE WORTH ROAD, SUITE #1
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

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, 2006

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 **D** ☐ Delete
NAME **ZURIER, ELEANOR**
STREET ADDRESS **10092 CEDAR POINT BLVD. #101**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE **PD** ☐ Delete
NAME **FOX, HAROLD**
STREET ADDRESS **10092 CEDAR PT. 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 **SD** ☒ Change ☐ Addition
NAME **ZURIER, ELEANOR**
STREET ADDRESS **10092 CEDAR POINT BLVD. #101**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

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

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

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

TITLE **VD** ☒ Change ☐ Addition
NAME **FOX, HAROLD**
STREET ADDRESS **10092 CEDAR POINT BLVD. #203**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **DAVIS, HOWARD**
CITY-ST-ZIP **10110 CEDAR POINT BLVD. #203**
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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #