


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000002226**

1. Entity Name  
**LAKESIDE VILLAGE OF DAVIE PROPERTY OWNER'S ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**2001 SAMPLE RD #320  
POMPANO BCH, FL 33064**      **2001 SAMPLE RD #320  
POMPANO BCH, FL 33064**



03012006 No Chg-NP      CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**30-0300433**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLEMOW, JORDAN  
2001 SAMPLE RD #320  
POMPANO BCH, FL 33064**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLEMOW, JORDAN
STREET ADDRESS	2001 SAMPLE RD #320
CITY-ST-ZIP	POMPANO BCH, FL 33064
TITLE	D
NAME	KLEMOW, HAROLD
STREET ADDRESS	2001 SAMPLE RD #320
CITY-ST-ZIP	POMPANO BCH, FL 33064
TITLE	D
NAME	BAKER, ROBERT M
STREET ADDRESS	2001 SAMPLE RD #320
CITY-ST-ZIP	POMPANO BCH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100001450496  
03/16/06 00031-014 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 or without like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-06      9549695111  
Date      Daytime Phone #