

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

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90180 024 ****61.25

DOCUMENT # N17955

1. Entity Name

LAKESIDE MANOR ASSOCIATION, INC.



Principal Place of Business

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH FL 33461
US

Mailing Address

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH FL 33461
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0224326

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

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD
LAKE WORTH FL 33461

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME GABSO CLAIRE
STREET ADDRESS 301 S LAKESIDE DR #7
CITY-ST-ZIP LAKE WORTH FL

TITLE PTD ☐ Change ☒ Addition
NAME CIEPIELOWSKI, GLEN
STREET ADDRESS 301 So. LAKESIDE DR. #2
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE PTD ☒ Delete
NAME MATUZAK, EUGENE
STREET ADDRESS 301 SO LAKESIDE DR #4
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE D ☒ Change ☒ Addition
NAME NICHOLSON, JOSEPH
STREET ADDRESS 307 MOTT ST. #4-C
CITY-ST-ZIP NEW YORK, NY 10012

TITLE D ☒ Delete
NAME NICHOLSON, JOSEPH
STREET ADDRESS 307 MOTT ST #4C
CITY-ST-ZIP NEW YORK NY 10012

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Charles B. Gabs

4-17-06