



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90090 019 ****61.25

DOCUMENT # N24499 1. Entity Name LAKESIDE NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 2389 TREASURE ISLE DR PALM BEACH GARDENS, FL 33410		Mailing Address 2400 CENTREPARK DR WEST 172 WEST PALM BEACH, FL 33409	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address SEACREST SERVICES, INC. 2400 CENTRE PARK W. DRIVE #175 WEST PALM BEACH, FL 33409	
			
		01172006 Chg-NP CR2E037 (11/05)	
		4. FEI Number 65-0054017	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAEHLE, RUTH S 2480 TREASURE ISLE DR PALM BEACH GARDENS, FL 33410		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	STAEHLE, RUTH S	NAME	
STREET ADDRESS	2480 TREASURE ISLE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	TROJANO, TRUDY C	NAME	
STREET ADDRESS	2474 TREASURE ISLE DR	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	ELDRIDGE, TIM	NAME	
STREET ADDRESS	2450 TREASURE ISLE DR	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	GENNARELLI, CHARLES	NAME	
STREET ADDRESS	2378 TREASURE ISLE DR	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	
TITLE	SD - <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	GALLAGHER, GERARD	NAME	
STREET ADDRESS	2462 TREASURE ISLE DR	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	HENSON, JAMES	NAME	
STREET ADDRESS	2438 TREASURE ISLE DR	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	
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 all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone # 1-24-06 561-799-4001	